Serfojee Rajah . . 1809

THE

MEDICAL AND PHYSICAL JOURNAL.

CONDUCTED BY

T. BRADLEY, M.D.

AND

R. BATTY, M.D.

VOL. XV.

FROM JANUARY TO JUNE, 1806.

LONDON:

PRINTED FOR RICHARD PHILLIPS, NO. 6, BRIDGE-STREET, BLACKFRIARS.

By William Thorne, Red Lion Court, Fleet Street.

[Entered at Stationers Hall.]

THE

Medical and Physical Journal.

VOL. XV.] JANUARY, 1806. [NO. 83.

Printed for R. PHILLIPS, by W. Thorne, Red Lion Court, Fleet Street, London.

OBSERVATIONS ON SELECT SUBJECTS IN SURGERY. BY MR. SIMMONS.

(Continued from Vol. xiv. pp. 481—490.)

ON A CASE REQUIRING THE USE OF THE CROTCHET.

A Given disproportion between the head of the child and the diameter of the pelvis of the mother, constitutes a legitimate cause for the use of the crotchet. This disproportion may arise from the incompressibility or preternatural enlargement of the head itself, or from a malformation or morbid contraction in the passage of the pelvis. Either of these instances singly, and especially the union of two of them in the same subject, may render it expedient to open the head, in order to reduce its bulk, and restore the equilibrium between the body to be extruded and the cavity through which it has to pass. Uncontested as are these points of doctrine, their right application to the case before us is sometimes very difficult. In every such instance, the operator will be relieved from much painful anxiety by the death of the child; and the body, loosened in its texture by putrefaction, will oppose less resistance to its subsequent delivery. Yet, where the obstruction is still greater than is here supposed, and the labour consequently more lingering, the long continued pressure of the head may induce a mortification of the uterus, or soft parts lining the pelvis. To the mother this is a source of danger that has met with less attention from practitioners than, in my opinion, it is entitled to receive. The early indications of it are those of inflammation, which is sometimes, though not always, ushered in by pyrexia, the pulse becomes hard and frequent; the pains almost incessant, are described to be like the cutting of a sharp instrument; the exclamations too are loud and shrill, expressive

expressive of distress, and accompanied with an effort to draw up rather than bear down during a pain, as it is usual in the several stages even of a hard labour. On the occurrence of these symptoms, it will be proper to determine on the early removal of the occasional cause, or delay may prove fatal to the mother, as the following case will exemplify.

A middle-aged woman, who had born a living child at her first birth, and had afterwards been delivered by the crotchet, was again taken in labour at the full time.— From the beginning, she was under the care of an intelligent and experienced midwife, at whose request I saw her, because for many hours the head had remained immovably fixed at the superior aperture of the pelvis, on the right side, notwithstanding the pains had been regular and strong. Externally she exhibited appearances of distortion; her legs were curved anteriorly; and such was the narrowness of the pelvis, as to afford no rational hope of the birth of a full grown living child. At the time of my first visit the child was probably alive, therefore it was proposed to wait some time longer, lest the strong measures likely to become necessary should bear the appearance of precipitation. But on the following day she was seized with a rigour, the pulse became frequent and hard, the pains strong and almost continual, and so cutting as to produce the most piercing exclamations. In this extremity she was copiously bled from the arm,* which afforded her considerable relief; and glysters, anodynes, and other suitable remedies were enjoined. From the woman's own testimony, and other evidence, it could hardly be doubted that the child had now been dead several hours; and as the head still retained its full rotundity, I proposed to open it: but in this I was over-ruled by the decision of an experienced surgeon, who had seen her at intervals during the labour; because, in his opinion, as the midwife informed me, the death of the child would diminish the resistance, and supersede the use of the crotchet. Agreeably to this prediction, I was sent for in haste, thirty-six hours afterwards, and just in time to receive the body, which was expelled with so much force as to separate the funis from the placenta. After waiting in vain for the descent

---

* In a case of topical inflammation the coagulum has an opake white crust upon its surface, not unlike the rind on bacon; while in blood drawn during pregnancy it is of a bluish tint, and less cohesive.

scent of the placenta, I introduced my hand, and found it detained in the upper chamber of the uterus by the hour glass contraction; to overcome which, gentle efforts were sufficient, and the whole was brought away, likewise putrid. All this she bore with surprising fortitude; but soon after the pulse became very quick and feeble, the respiration high and laborious, and in about an hour and a half after her delivery she expired.

I opened the body in the presence of two medical gentlemen. A mortification had taken place in the uterus, both anteriorly and posteriorly, opposite the points where the head of the child had pressed it against the bones of the pelvis, at the superior aperture.

Here the unyielding resistance of the head had obviously proved the cause of death to the mother. For the most part, excepting the pelvis is wide, or the head relatively small, the bones of the fetal cranium lap over each other in the birth, and are moulded into a conoidical form. If the ossification should be too complete to admit of this alteration of figure, much difficulty may be expected; and if the pelvis is also much narrowed by distortion, still more serious apprehensions may be justly entertained. In the latter case, a wish to save the life of the child can alone prevent an early recurrence to the crotchet. But, when the child is known to be dead, surely the resting of the head upon the inflamed uterus, even for a few hours longer, while putrefaction is taking place, as inductive to the most fatal consequences, ought not to be allowed.

The danger to the mother from inflammation will be augmented in proportion to the increased resistance of the living head, without the diminution of which there can be no chance of relief to her. When, however, in this extreme case, the safety of the mother demands the employment of the crotchet, let it not be used without the most deliberate consideration, and then only on the fullest conviction of its propriety and necessity.

On a Luxation of the Olecranon.

Among the accidents to which the joint of the elbow is exposed, a luxation of the olecranon may be enumerated; I have met with only a solitary instance of it.

A boy, ten years of age, fell from the back of his playfellow upon the elbow of his left arm: upon the supposition of its being dislocated, extension was made in the customary manner without success, and I was requested to see him. Instead of a complete luxation of the joint, it

appeared to me that the olecranon only had been displaced, in effecting which the interosseous ligament had been lacerated. Therefore, after placing the limb in a state of semi-flexion, with a very moderate degree of force applied on its outer surface, I reduced the olecranon into its original position.

On the Division of the Iris.

It is a maxim in surgery to use as few instruments as possible, as well as to prefer those of the most simple structure. The iris is sometimes so much contracted as to obstruct or destroy vision; and it has then been recommended to divide it with a small knife, or even to cut out a small segment of it with a pair of small scissars; but where the disposition to contraction is still strong, the opening thus made may again close, and frustrate the benefit to be expected from the operation. In a recent case in which this operation was thought adviseable, I used the couching needle of Mr. Hey.

A young man, who had lost the left eye by the small-pox, had also a large opacity over the transparent cornea on the right, almost covering the pupil, which was likewise contracted to the size of a small pin's head, and immoveable. He could see a little, and it was thought that his range of vision would be extended by enlarging the aperture. With this view I pushed the needle into the eye behind the iris, with the flat side towards it, and passing the point through the pupil, I carried it forward anteriorly to the circumference of the iris next the inner canthus, when, turning the edges of the instrument horizontally, the iris on that side was completely divided by the inner edge, and with a sound distinctly audible. Owing to a distortion in the eye itself, next the outer canthus, a very narrow border only of the iris was left; this I endeavoured to catch upon the point of the instrument, but it was now so loose as to endanger wounding the transparent cornea near the centre of it in making the attempt; I therefore desisted, proposing, if hereafter it should be thought expedient, to divide it directly from the outer canthus, and by introducing the instrument anteriorly to the iris. But little inflammation ensued; I fear however, that there is a cataract behind, for which a further operation may become necessary.

On

On the Phlegmasia Alba.

The disease which has passed under the title of œdema lacteum is not exclusively incident to females, nor is it confined to the puerperal state. It is an inflammatory affection, but destitute of redness, one of the marks by which the other two species of inflammation are denoted; the name of phlegmasia alba, or white inflammation, will therefore sufficiently characterize this *variety* of it.

One of the most severe cases of white inflammation which has fallen under my observation, was in a lady who had suffered a miscarriage when about ten weeks advanced in her pregnancy; she was nearly exhausted by a violent flooding before assistance could be obtained, and when a little recruiting her strength, she was seized with this disorder. The tumefaction pervaded the whole of the right leg and foot from the knee downwards, was tense, painful and shining, and did not pit upon the pressure of the finger.

Her exhausted state precluded all idea of further evacuation, especially by bleeding; to the part, soothing and anodyne applications were directed; and on the subsidence of the tension, spirituous embrocations, aided by a roller to supply the loss of tone. Internally she took bark, and remedies of that class; together with such generous diet as the stomach could digest.

As the induration abated, a diffused deep-seated fluctuation was perceptible underneath, but as the integument did not any where shew a disposition to rupture, it was hoped that the fluid would be absorbed. One morning however a large quantity of a thin purulent matter was found in the bed, which it appeared had issued through a small circular opening in the calf of the leg. This I proposed to dilate, but she objected; and by elevating the limb and gently pressing out the matter at each dressing, with the assistance of a roller, the cavity was gradually obliterated. Nevertheless, many months elapsed before her health was re-established.

Besides the general swelling and induration, I have seen the phlegmasia alba more distinctly marked in the course of the trunks of the absorbents; and though for the most part an acute disease, I am very much mistaken if I have not seen it in a chronic form, and in an upper extremity. The last example which has occurred to me of an acute case, was in a man whose right testicle I had extirpated for a cancer; after the operation, every thing went on favourably until the wound was on the point of healing,

 when

when he was attacked with a tensive tumefaction of the whole extremity on the same side, extending from the hip downwards. The disease yielded in this instance to the usual treatment.

The local characteristics of an external phlegmon are a circumscribed swelling, accompanied with redness, tension, and a throbbing pain; the redness and swelling are diffused in an erysipelas, and there is also a sense of ardent pain in the part: these two species of inflammation are however frequently combined, and as one or the other predominates, it has received the compound appellation of erysipelas-phlegmon, or phlegmon-erysipelas. One termination of phlegmon is by suppuration; the termination of erysipelas is by resolution or gangrene. In the erysipelas-phlegmon, or phlegmon-erysipelas, suppuration or gangrene, or both, may take place, according to the violence of each relatively, or their still greater virulence when combined. In conducting the treatment of this complicated form of disease, as the consequence most to be dreaded, our earliest endeavours will be directed to obviate gangrene by the use of the Peruvian bark, joining with it such correctives, as will enable the stomach to bear it in large and frequent doses, without load or oppression. If, on the contrary, the phlegmonous action should have taken the lead, leeching and other evacuations may be first employed; and then the bark will seldom fail in putting a stop to the erysipelatous affection, and curing the disease.

The local characteristics of phlegmasia alba, or white inflammation, agree in many respects with those of phlegmon and erysipelas; for, like erysipelas, it is diffused, and like phlegmon it is possessed of a considerable degree of tension. Pain and tumefaction are symptoms attendant on all the three species. In phlegmon, and in erysipelas, there is likewise a redness peculiar to each; but in the phlegmasia alba the surface is not discoloured, or in a few rare instances so little so, as not unaptly to receive this distinctive epithet. Like phlegmon too the duration of it will be shortened, or a cure effected by an antiphlogistic course of treatment.

The principal feature then in which the phlegmasia alba differs from the other two well known species of inflammation, is in the absence of redness upon the surface; but it would be just as philosophical to deny the existence of a muscle, because the fibres producing motion are white, as to say that an external disease possessing the other characteristics

characteristics is not inflammatory, because an external redness did not form a constituent part of it. The tensive resistance in this malady is probably caused by the deposition of coagulable lymph. And it would appear from the case after a miscarriage above narrated, that a phlegmonous action of the vessels, which is denoted by the formation of matter, may exist in conjunction with the phlegmasia alba.

The manner in which the purulent fluid obtained a vent spontaneously in this case is deserving of notice. Instead of the thinning process, as in a common abscess, it was evacuated through a small circular aperture, similar to a hole made with a gimblet; and by an examination made with a probe, it had evidently lain upon the fascia covering the muscles below the thickened integument. Thus fortified against our researches the existence of pus cannot well be detected, or it is probable that suppuration is not an unfrequent occurrence.

From what is here stated, and other more minute points of similitude, I believe this disease to be a *variety* of inflammation, of which other unknown varieties may still exist; and each according to the state of the system at the time of the attack, the reigning diseases by which it may be modified, as well as the symptoms foregoing and attendant, will demand an appropriate treatment.

In the Number for December, 1805, p. 491, is a communication from Mr. Lodge Hall, entitled, 'An Attempt to improve the Screw Tourniquet;' and in a note he further observes, that 'The merit of this part of the improvement (or alteration) belongs to the ingenious artist who made the instrument from which the drawing (where it may be seen) was taken, Mr. Byrom, North Main Street, Cork."

The part of the tourniquet here referred to, is a transverse screw, the point of which is made to pass through a female screw in the upper plate, and rest in the groove of the perpendicular screw, and in principle and detail is nearly correspondent to the tourniquet which is engraved and described in the eighth volume of Medical Facts and Observations, of which Dr. Foart Simmons was the editor. I have been induced to notice this coincidence of sentiment, because my own tourniquet is, I think, free from an objection that will lie against the one which Mr. Hall has recommended.

In his tourniquet, the transverse screw has the head of a common screw, and consequently will require a driver to screw and unscrew it. On the contrary, in my own tourniquet the outer extremity of the transverse screw is made to project, and is winged, to enable the operator, or his assistant, to screw or unscrew it with the hand only.

But I trust that Mr. Hall will do me the favour to refer to the eighth volume of Medical Facts and Observations, for a more particular explanation than this.

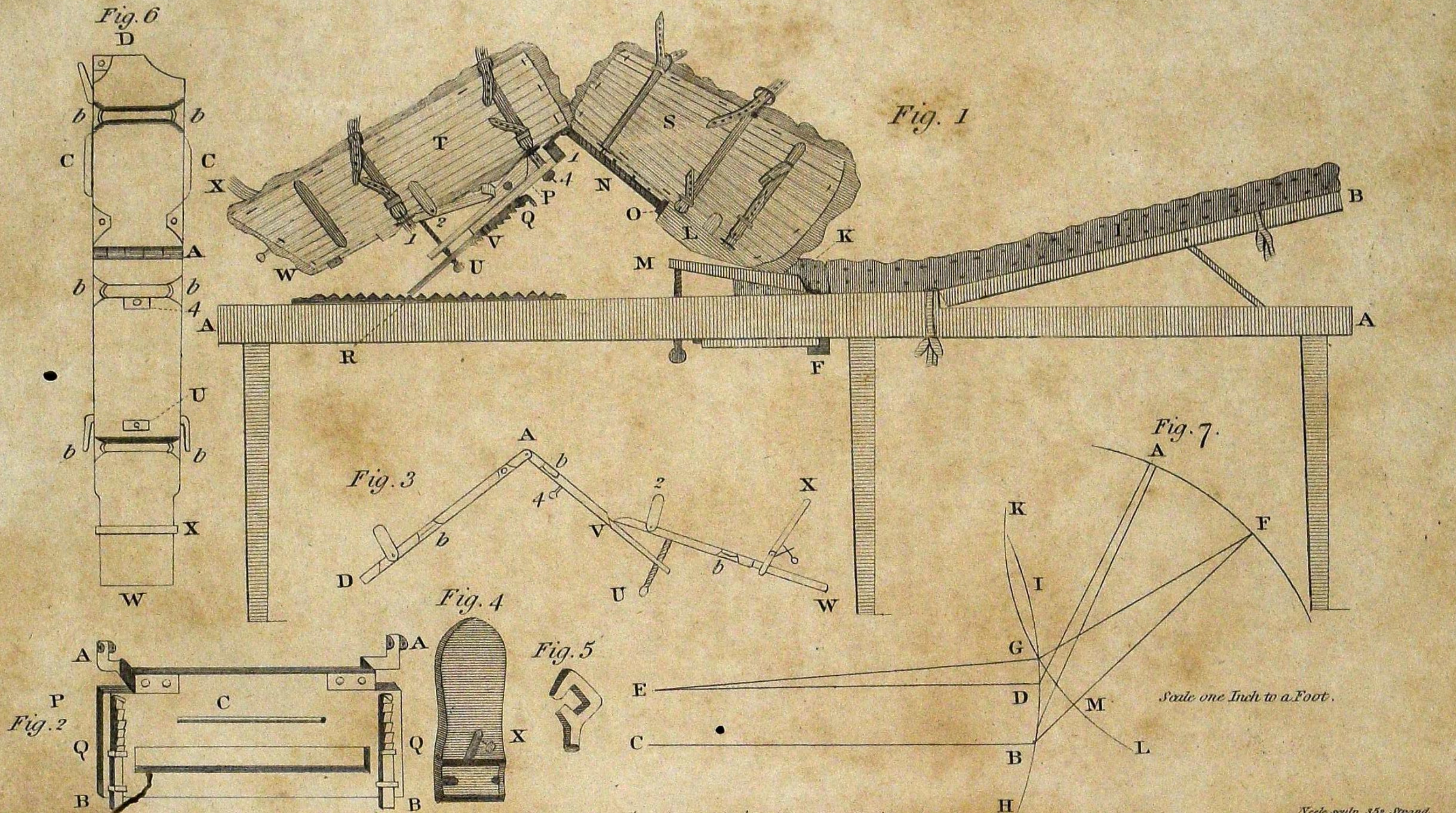
To the Editors of the Medical and Phyſical Journal.

Gentlemen,

I Have long thought the common method of managing fractures of the thigh extremely defective; and most surgeons, I am disposed to believe, consider those cases singularly fortunate which terminate without either lameness or deformity. The general result of this method must, I presume, have attracted the attention of most of your readers; from the considerable number (principally indeed of the lower class) who after this accident are lame, in consequence of the limb being more or less *shortened* and the *foot* being *turned out*. The *greatest* care on the part of the surgeon will, too frequently, not be followed by happier consequences; and where, from distance (more especially in country practice) and various other impediments, such constant and exact attention cannot be paid, there can be no great difficulty in guessing at the result. Compleat success in such cases is indeed so little expected in general, that unless the deformity and lameness are very great, they seldom reflect any disgrace upon the surgeon.

We are certainly very much indebted to Mr. Pott for his very judicious remarks on fractures and dislocations. I suppose no one will dispute the principle on which his practice was founded; which principle, I believe, has been the general guide to practitioners ever since, viz. to place the limb in such a position as shall relax the whole set of muscles belonging to, or in connection with, the broken bone. This principle still holds good in fractures of the thigh; but in his mode of applying it, it is by no means constantly attended with compleat success. The patient is laid upon the fractured limb, with the thigh and leg in

a state



Published December 14th 1805 by Richd. Phillips New Bridge London.

Neele sculp 352 Strand.

a state of flexure, as represented in his plate; and if the bone be broken transversely (which I suppose rarely happens) its *length* may be preserved with tolerable success. But, after a short time, the patient finds lying compleatly upon the side, a very uneasy position; the bed also sinks behind him, and he by degrees lies in some measure upon his back; the limb at the same time, perhaps, appearing perfectly straight; and the surgeon either satisfied with its appearance, or at a loss how to place it better. The consequence of this change of position is, that the upper portion of the thigh bone turns with the body, and when the union is compleated, the patient finds the whole of the limb below the fracture turned outwards; he walks with difficulty, and when he sits, the leg connected with the fractured thigh, cannot be placed perpendicularly with the foot flat upon the ground like the other, but it takes the position, more or less, as if it were to be placed upon the other knee. If the bone be fractured obliquely (the more common case) there will of course be a tendency in the lower portion, however well set, to slide upon the upper; but when the patient inclines backwards, and the upper portion of the thigh-bone turns with the body, the *edge* of one part will be upon the fractured surface of the other, and thus the points of contact being very few, the shortening of the limb will be almost inevitable. If the patient be laid upon his back, with the leg and thigh strait, according to the old method, (and the present practice indeed in fractures of the neck of the bone) the shortening of the limb is likely to be still greater; though the surgeon may in this way, prevent the deviation from the natural position of the foot.

Some *more certain* method, then, appears to be still highly desirable, of preventing the shortening and twisting of the limb, a *less disturbing* method of using the bed pan, and (in case the accident happens at a distance from a comfortable habitation) an *easy* method of moving the patient to some distance without danger.

I had often thought on this subject, and a variety of imaginary improvements occurred to me. At length I was called to a young man with *both* his thighs broken about five inches from the knee-joints. My first plan did not please me; but on the tenth day I placed him upon a machine which answered my expectations. At the end of the fifth week from the accident he was released from his confinement, with the bones perfectly united, the feet in their proper position, and the limbs of equal length. He

suffered

suffered no pain of any kind after he was placed in this machine, and is entirely free from lameness. It is right to observe, that the *use* of the machine in this case led to several very material improvements in its powers; for as it was constructed in haste, partly from preconceived notions, and principally for the use of the individual already mentioned, it was consequently in several respects defective and unaccommodating. I by no means offer it to the profession as a perfect machine, for I think it highly probable that farther improvements in practice might occur even to myself; but I offer it as affording the means of approximation to a good method of managing cases hitherto difficult, and too frequently unfortunate. It strikes me, that it would be worth trial in the melancholy cases of fracture of the lumbar vertebræ. In those cases there has hitherto appeared to me no chance of an union of the fractured portions of bone, from the sufferer's being necessarily moved so often in consequence of the palsied state of the sphincter ani and sphincter vesicæ. On this machine every attention of that sort might be paid to the patient, without his being disturbed; and the lower limbs being so well supported, by lessening the pressure upon the lower part of the spine, the bad effects of an irritating moisture and pressure combined, namely gangrene and its consequences, might I think be obviated.

It is not very easy to describe intelligibly any kind of complicated machinery. The description may seem sufficiently clear to the describer in consequence of his perfect knowledge of the thing which he describes, and yet it may be in reality so defective, as not to convey ideas sufficiently distinct to others. I am anxious to be understood, and with the help of figures will perform the task as well as I am able. If, however, my delineations (which are far from skilfully executed) together with one done by a friend in perspective, (rather less simple than the one which I have delineated) should not be thought to answer the purpose; as, I shall very shortly send a complete apparatus to the London Hospital to my friend Sir William Blizard, (who will I am sure, with his accustomed liberality, permit professional gentlemen and surgeons' instrument makers to see it) if it should be thought to deserve so much trouble, an artist may there make a more distinct drawing.

(AA. Fig. 1,) is a frame, a kind of bedstead, six feet in length, twenty inches wide and three inches thick. Three feet three inches of the upper part have laths across in the manner

manner of a lath bedstead; on which is placed a hair mattrass (I) twenty inches wide, two feet nine inches long, and two inches and a half thick. This mattrass is secured or fixed to the frame by tapes, which are sewed far enough from the edge of the mattrass to admit of blankets, &c. being tucked under it. At the lower end of this mattrass is another at (K) fifteen inches wide and only six inches long, of the same thickness. This small mattrass is placed over a sort of trap door fastened by two small bolts, which cannot be seen in the figure, and under this trap door is a shelf fastened at one end by the button (F) and at the other by a hinge. When the bed-pan is to be used, the shelf is first unbuttoned, and hangs by its hinges; the trap door is then unbolted, and hangs the other way; the mattrass (K) sinks with it and is removed, the shelf is then buttoned up for the reception of the bed-pan, and the mattrass, trap door, &c. are afterwards replaced with little or no inconvenience to the patient. On each side, exactly where the mattrasses end, fixed to the middle of the lever (M) by a hinge, an oak socket (L) six inches and a half long, rises to form one side of a triangle; it is two inches square, and four inches of the lower part are bevilled off to admit of its depression towards the foot of the frame. This socket and the one on the opposite side are united by a cross frame, on which the lower parts of the fracture boxes rest. Each of these sockets has a longitudinal perforation, five-eighths of an inch in diameter, to admit a male screw (N) of the same diameter, and (with its double joint) thirteen inches and a half long, which passes thro' it and through a long opening in the lever (M) and a similar one in the main frame below, long enough to allow of the motion of the screw when the socket (L) is elevated or depressed. Another screw also passes through the main frame, to raise or lower the lever at (M), the use of which will be afterwards explained. On the top of each socket is a brass plate, one-eighth of an inch thick round the centre, which is perforated. On this plate a hollow steel screw (O) moves, for the purpose of turning up or down the male screw (N), and when it turns too stiffly for the fingers, the key (Fig. 5) may be used. The upper part of each male screw (N) terminates in a double joint, to allow of lateral as well as longitudinal motion, and this in a piece of iron (AA. Fig. 2) on which the upper part of the frame (P. Fig. 1) rests, (see also a compleat delineation of the under part of this frame Fig. 2), which frame forms the side of the triangular elevation on which the legs are placed.

placed. This piece of iron is so bent, that the centre of motion of the upper joint of the male screw (N) and the centre of motion of the joint of the fracture box at the knee (A. Fig. 3) are exactly the same, and is designed to prevent any alteration of the length between the knee and hip-joints when the base of the triangle is lengthened or shortened; a thing highly necessary to prevent anchylosis when the fracture is at the neck of the bone. The upper part of this frame (AA. Fig. 2) is reduced, to admit it between the socket, when the screws are let completely down, to reduce the triangle for the smallest sized fracture boxes. To each of the lower corners of this frame (P Fig. 1, and BB. Fig. 2) is fastened a bolt (Q) with a spring behind it, with notches to regulate its projection, and the extremity of the bolt made to fit the notches or rack work (R) on the main frame. This rack work is about fifteen inches long, the bolts are eight inches long. Thus a sort of triangular elevation is formed, the sides of which may be increased or diminished at pleasure. To prevent the bolts from slipping up and becoming shorter by any accident, a small screw on the top of the frame (P. Fig. 1) is visible, just below (P) and immediately over the upper part of the bolt. Upon this triangular or wedge-shaped elevation is placed a pair of leg and thigh fracture boxes, of a suitable size (Fig. 3 large size) near to, or as distant from each other by the use of thumb screws (4 Fig. 1 and Fig. 3) through the opening (C. Fig. 2) as the surgeon may think proper. The patient is laid upon his back, and when his legs and thighs are in the boxes, by means of the elevating screws (N and O. Fig. 1) in the socket (L) the side of the triangle parallel with the thighs may be with the greatest ease regulated, so as to suit the length of the limb, or to produce any degree of extension the surgeon may think necessary, in the most gentle and accurate manner; the *equal* length of the screws (N) being ascertained by means of a graduated measure. Before the involuntary action of the muscles ceases, the principal part of the *extending* force will be upon the upper portion of the gastrocnemius muscle. If this muscle be large, the heel will be considerably elevated from the right line. To support the heel and the lower part of the leg, the elevating screw (U. Fig. 1 and Fig. 3) is used to raise the lower part of the fracture box from (V) to (W) as much as may be needful; but when this elevation is considerable, as the extremities of the splints (which form the sides of the fracture boxes) will be relatively depressed, and their upper straps apt to

press

press upon the knee and instep, the buckles (1, 1, T. Fig. 1) must be loosened sufficiently to remedy this inconvenience, and the restraining button (2) will then prevent the too great separation of the splints at their lower edge. It will be necessary for the accommodation of different sized limbs, from the age of six or seven years to the largest adult size, to have three sets of fracture boxes. The part which *supports* the leg and thigh, viz. the bottom of the fracture box, is made of deal, about one inch thick, with what the carpenters call a rule joint (A. Fig. 3) at the bend of the knee, and turned without the usual angular projection. This supporting part of the two limbs is hollowed out a little, and the inequalities of the joint (occasioned by the hollowing out) rounded off. There is also a sliding footboard (X. Fig. 1, 3, 4, and 6) made to slide over the bottom cushion; and as the hollow for the heel is about four inches long, it will accommodate legs of different lengths with the same cushion. There are also a pair of leg and a pair of thigh splints, forming the sides of the fracture boxes, (S and T. Fig. 1) made of thin American deal (which is the best, because most free from knots) half split through its substance in several places on the outside, with leather straps and buckles sewed to them. The buckles are all upon the outer splints, and the lower straps of the inner splints pass under the supporters (b. b. b. Fig. 3) and behind pieces of stout wire, like flat staples, as there represented. The inner thigh splint of the large size is of a proportionable width, but only ten inches and a half long; the outer (S. Fig. 1) fifteen inches and a half by nine, and six inches wide. The leg splints, of the large size also, (T. Fig. 1) are twenty-one inches at the top, and eighteen at the bottom in length, and five and a half wide. The supporter of the thigh (D. Fig. 3 and Fig. 6) is thirteen inches and a half long and five and a half wide in the widest part. The inner and lower part of this supporter is cut out, in the form of a quarter of a circle, as at (D. Fig. 6) for the convenience of the patient, and the edge thinned and smoothed off. The supporter of the leg from A to W (Fig. 3 and 6) when the lower part is not elevated, is nineteen inches long, and (except the narrowed part, where the foot board slides up and down) four and a half wide in the narrowest part. So that the sides of the supporters, when not bent at the joint (A. Fig. 3 and 6) form two right lines gradually approximating from D to W. The splints and the supporters, properly lined with wool, compresses, or cushions tacked to them, form very

very easy beds for the limbs, and by means of the straps and buckles, secure them in the shortest time imaginable. The machine stands upon six legs, which in the figure done in perspective are made to take off occasionally; and the lower ends being put into staples, as there delineated, were designed to be used as handles, to move a patient some distance when necessary. It was also made to double for occasional package, which at the same time admitted of the elevation of the patient's shoulders, which is better done at B (Fig. 1). About three inches seems a pleasant elevation; a greater might perhaps occasion too much pressure upon the lower part of the spine. In this machine if both legs as well as both thighs were broken, they might I think be set with a fair chance of success, so far as the fractures merely are concerned; and by unbuckling two buckles only, the surgeon may dress a wound of any limb. I now come to the explanation of the use of the lever M (Fig. 1.) As it is of great consequence in fractures of or near the neck of the thigh-bone, that occasional flexion and extension of the knee and hip-joints should be made to prevent anchylosis; so is it of consequence that this should be done with as little motion of any other kind as possible. To prevent this injurious motion, it is necessary that the hinges of the sockets (L. Fig. 1) should be exactly level with the lower part of the patient; but as any kind of bedding, even a hair mattrass, must be more or less compressible, and that in proportion to the weight of the patient; it is also necessary that there should be some means of elevating and depressing the *hinge* part of the sockets, according to circumstances. The diagram (Fig. 7) will perhaps explain this necessity most clearly. The space between the parallel lines E D and C B may be considered as the mattrass. The line A B the socket and screw fixed to the main frame (without the intervention of a lever) at B; and the line AD the under part of the patient's thigh. Now if the limb be depressed to F, the sides of the angle EDA being less than the sides of the angle CBA, it will, on depression through the arc AF, approach to a right line more rapidly than the other; and unless the patient slides down after the fracture box, the lower part of his body will be raised from the mattrass from D to G, and the fracture box will be separated from the thigh from M to G.

Let AB and AD be two parallel lines, and let CB and ED be also two parallel lines. Let AF be the arc of the radius AB, and let B and F be united. Let IH be the arc of the radius ED, and let KL be the arc of the radius AD from

from the point F; then let a line be drawn from E to the point where the circles cut each other at G, and let another line be drawn from G to F; then the sides of the angle EGF will be equal to the sides of the angle EDA, and the sides of the angle CBF will be equal to the sides of the angle CBA. Then the parallel lines AB and AD will form the triangle GMF, and the lines EG and ED will form the triangle EGD.

Military surgeons will be the best judges of the usefulness of this machine on service. There can be no doubt of its usefulness, unless I am greatly deceived, in military and other hospitals. On board ship, where the management of fractured thighs must, I imagine, be still more difficult than elsewhere, this machine, without any legs, might be fitted up in what is called a cot, with a part of the bottom and the sides of the cot to open occasionally. It might be made more than twenty inches wide, and more than six feet long, if thought necessary; for having as I hope, established the principles of its action, the detail of dimensions may be varied at pleasure. In all large ships, but more especially in his Majesty's service, such a machine must be very desirable, and would occupy no room worth mentioning, little more indeed than a hammock; and where it is not likely to be wanted for children, two sets of fracture boxes would be sufficient. The screws, &c. must of course, for this purpose, be made of brass, unless the Norwich composition of iron, &c. which is said not to rust, should be found strong enough to answer the purpose.

For hospital practice, two or three iron bedsteads, upon the same plan, might be fitted up, and (if the fracture boxes were kept ready lined) as soon as a patient's clothes were off, his limbs might be set completely in a few minutes.

It would be found not only useful, but (what is sometimes thought of greater consequence) *economical* for every parish work-house to be provided with such an apparatus, for if after a serious accident a man remain lame for life, he will most likely continue to be chargeable as long as he lives. Such a misfortune might sometimes be prevented by this means, and the parish relieved from the burthen of maintaining a disabled pauper.

Most surgeons have probably experienced the trouble occasioned by the splints being frequently displaced in fractures of the thigh; in this contrivance they will find no trouble of that sort.

I have

I have not mentioned the two projecting parts CC (Fig. 6), they are designed to prevent the edges of the splints sinking below the edge of the support. Where the thigh is so muscular as to rise above the splint, by means of the two lower buckles S (Fig. 1) the splints S may be raised sufficiently. As the inner thigh splint is too short to be opposite the lower strap of the outer, a strap goes across from one outside splint to the other. In Fig. 6, at b. b. b. are the places where the long straps of the inside splints pass under the supporters; at D a short strap is fastened to a button or pin, and the upper straps of the splints S (Fig. 1) are fastened in the same manner above A (Fig. 6), it being unnecessary for them to pass under the support.

I shall make no apology for the want of elegance in this description, my principal aim has been at perspicuity, which, on this occasion, I think of much more importance.

Cheshunt, Herts. I am, &c.
Oct. 25, 1805. E. HARROLD.

On Spirit of Turpentine in the Yellow Fever.

THERE is a period in this formidable disease, when suddenly the forces of the patient are entirely exhausted, and a disorganization of the solids, together with a decomposition of the fluids take place. Complete jaundice, the absolute insensibility of the stomach, singultus, vomiting of a black, fœtid matter, and a trembling pulse, are the dreadful diagnostic signs of this state. The medicines hitherto used for it, have seldom had the desired effect; Dr. Holst therefore recommends the Spirit of Turpentine. He has had an opportunity of administering this medicine internally as well as externally, in some of the worst species of typhus, and he thinks with better effect than the other medicines generally used, seemed to produce. In particular, the turpentine revives the function of the liver, and also promotes the action of the organs of digestion. In a chemical respect the spirit of turpentine consists of hydrogen and carbon, which elements are slightly combined together, and easily to be separated; the spirit therefore enters into many combinations, and penetrates the whole frame; hence the great affinity with the napthæ. It may be applied internally, and likewise in injections and frictions; and seems to deserve the attention of the profession, who have an opportunity of submitting theoretical reasoning to the test of experience.

To

To the Editors of the Medical and Physical Journal.

GENTLEMEN,

CONCEIVING that the following account of a successful practice employed in the treatment of Yellow Fever, lately occurring on board of His Majesty's Ship Amelia, may be of service in directing the practice of others; and being convinced that the bold, yet rational measures here described, will in similar cases save a number of lives, which, when left to nature, or treated by placebos, would certainly be lost, I hope it will meet your approbation to insert it in your Journal.

His Majesty's Ship Amelia went into English Harbour, Antigua, in the beginning of July to refit: she had a number of repairs to undergo, which exposed the men to great heat and fatigue; and it was now the most unhealthy season of the year, when the sun being perpendicular, rendered the heat excessive, and the breezes neither refreshing nor frequent; when heavy rains, and dead, hot calms were continually alternating: these causes in a fortnight having produced a sufficient predisposition, the inflammatory, ardent, or yellow fever, began to make its appearance. In some, the fever commenced with symptoms of debility, followed within twelve hours by increased action in every part of the system. In others, no precedent debility showed itself, but the commencement was sudden, and violent. Violent head-ach, particularly referred to the forehead, intense heat of skin, giving a burning sensation to the fingers, strong, hard pulse, an affection of the stomach, painful on pressure, and inducing constant nausea or vomiting, pain in the limbs and loins, and a peculiar inflamed appearance of the eye, easier remarked than described, were the characteristic symptoms of the disease.

All these symptoms were more or less violent in different cases; and this did not depend upon constitution, or habit of body, so much as might have been expected; sometimes a spare, delicate man would have symptoms of the greatest re-action; and the following case will show that the contrary also was experienced.

John Lewis was a strong, robust, hard working man; his station was captain of the hold, where frequent great exertion is required, and intense heat often borne. His head-ach was slight when attacked, and continued so; his pulse

pulse was quick and soft, his stomach much affected, and a far greater prostration of strength was present, than is commonly met with in this fever, but no heat of skin ever appeared, it was dry and rather below the natural temperature; on the second day, a low, muttering delirium came on, and he died on the third. It seems probable that in this case the powers of life, or excitability of the system, was destroyed by the causes of fever, without first, as usual, producing a violent general increased action.

Nine months before the period of which I write, the Amelia had suffered much from the same fever; upwards of eighty men died, including the captain, surgeon, and most of the other officers; and I remarked, that although a number of those who before had the fever were again taken ill, the disease appeared in a milder form. After the ship left English Harbour, and the men became less exposed to fatigue, and breathed a cooler and purer air, though the predisposing causes still continued powerful enough to assist in producing the disease, it soon put on a milder appearance. Some are of opinion that the fever is contagious, others think differently; my observation leads me to believe, that the fear and depression of spirit occasioned by a number being taken ill, powerfully assisting in the production of the disease, has led to the former opinion.

The remedy to which I have principally trusted, and to which I owe the salvation of numbers, is cold bathing. The patient was put into a tub of salt water, and soused over head repeatedly, until it would have been dangerous to have kept him longer in the water, until his skin became perfectly cold, and he was ready to faint. By one such immersion in very violent cases, nothing was gained, but a great deal in milder ones; in the course of half, or a whole hour in the former, the heat, oppression at the præcordia, and general uneasiness, were as great as ever; the immersion was then immediately repeated, and continued every hour or oftener if the heat of skin was greatly above the natural standard; I regret that I had no thermometer to mark down the particular degrees the heat arrived at. The way I conceive this remedy to act, is not by giving a sudden shock to the system, but simply by abstracting heat. From particular circumstances I was prevented from renewing the bath to several of the sick in the night time, as I could have wished; to these I had a wet sheet applied around the body with the best effects, and either taken off, and dipped in cold water as it got warm, or cold

cold water poured over it. Acting upon this principle I never hesitated about bathing a patient, while the skin was moist, or covered with perspiration; for though perspiration cools the surface, cold bathing does it sooner, and more effectually, and every moment is of consequence in preventing the great heat from producing incurable debility, or rather from entirely destroying the vital powers. In violent cases of fever, the bath was sometimes required sixteen or twenty times; in milder cases, the heat would at first take some hours before it returned, that period got gradually longer, and after four or five bathings the fever would be entirely subdued.

But even to the cold bath, powerful as it is, I could not entirely trust, in very violent cases of yellow fever; it was necessary to employ another agent, which, conjointly, almost insured safety. I had been accustomed last war to trust every thing to the cold bath; I often experienced its excellent effects, but occasionally found it to fail, even when used in the powerful manner above described. The first opportunity I had of observing the good effects of mercury, in conjunction with the cold bath, was some months back at St. Kitts, under the humane and intelligent practice of Dr. Armstrong, whose chief study is to meliorate the sufferings of human nature, and whose chief pride is in his successful practice; I there saw the happiest result from the powerful combination of calomel and cold bathing; many cases apparently desperate were recovered, where the first forty-eight hours had been lost; and I felt a conviction that had I seen the practice sooner, I might have saved the lives of more than one. The sickness taking place in the Amelia soon after, gave me a large field for experiencing its good or bad effects, and the following is the result. Twenty very violent cases of fever kept on board the ship, and treated with calomel and cold bathing, all recovered. Thirty others, where the symptoms were milder, recovered by cold bathing only; out of twenty sent to Antigua hospital, some of which were bathed for the first twelve hours of the attack, where the heat of skin allowed of that practice, five died; and fifteen were returned in a state of convalescence, on our leaving the harbour.

I know that the use of calomel has been cried down by some, merely from the inert method in which they administered it: they give three or four grains every three or four hours; and long before, in this manner, the fever can be overcome, the powers of life are destroyed, and the

fatal debility supervenes; but when by large and frequent doses, the system is certainly affected in the first twenty-four hours, I never failed to observe the malignant and threatening symptoms lessened. And the best criterion I know of, to judge of the danger of the case, is by the facility, or difficulty, of affecting the system; where a fatal termination is greatly to be dreaded, and every part is in a torpid state, calomel will neither purge when combined with rhubarb, nor affect the mouth when given by itself. This remedy I conceive induces a different action in the system, or that the fever brought on by calomel destroys the yellow fever, upon the principle that no two different actions of malignant tendency can exist at the same time in the system. In those violent cases which I judged required the use of this remedy, to assist the cold bath, I gave ten grains of calomel every two hours; sometimes it was continued in this manner for the first twelve hours only, and sometimes for the first thirty-six; after that period I never found it necessary; but during this time it was always assisted by one, two, three, or four ounces of mercurial ointment.* I have seen Dr. Armstrong give seven drachms of calomel, and rub in three or four pounds of mercurial ointment in the course of three days; however, I never found occasion to use more than above related.

The infusion of Columba I think materially assists blisters to the stomach in removing the cause of vomiting, but blisters are indispensible, and when the vomiting still continued after one, a second was applied next day. As soon as the heat of skin was removed, I immediately employed the cold infusion of bark in small, frequent doses, and in the intervals Port wine, cold or hot, as best relished by the patient. It often happened that the vomiting still continued very troublesome, and then, though the first, second, and third doses immediately given after each other, were rejected, the fourth would be retained, from the exhaustion of the stomach's excitability; nor did I ever observe any harm from persisting in this manner, but, on the contrary, the stomach would gradually recover its tone, and the vomiting gradually disappear.

I am, &c.

A. NOBLE.

H. M. S. Amelia, Tortola, Aug. 27, 1805.

---

* These doses appear enormous to European practitioners. Ed.

Tr

To the Editors of the Medical and Physical Journal.

GENTLEMEN,

PERMIT me to communicate a case of *incipient* Procidentia Uteri, in which the Sponge Pessary was eminently serviceable. The protrusion, by occasioning violent irritation, profuse discharge, and extensive excoriation, was peculiarly distressing to the patient. Ignorant of its true nature, she requested my advice. By suitable inquiries I ascertained the fact, and recommended a pessary of sponge. Its success was adequate to my expectations, and equal to her warmest wishes. The lady, whose case is narrated in No. 72 of your Journal, continues to use the sponge pessary, with unparalleled efficacy. After she had persevered in its use for six months, she, unknown to me, discontinued it, under the idea of being perfectly well, and, notwithstanding this imprudence, the tumour was nearly a month in reappearing. This circumstance strongly indicates the hope of a permanent cure, by unremittingly prosecuting the use of the pessary for a considerable time. For, as it had the effect I have stated, in a case of the worst kind, accompanied by a lacerated perinæum, surely it is not chimerical to expect a radical cure in a recent and *incipient* procidentia uteri, existing in a youthful female. I am thus minute in stating, and anxious in collecting, facts relative to procidentia uteri, from a thorough conviction of its prevalence: assuredly, it is a most unpleasant and harrassing complaint; unquestionably, attempting to relieve it, is no mean occupation. I named the former case procidentia; but, according to the distinctions laid down by writers, it ought to have been prolapsus. I did this designedly. I am averse to the adoption of a multiplicity of technical terms to designate the different stages of this complaint. I think it would be better, certainly more simple, to reject prolapsus, and every other term, and substitute in their stead procidentia. This might readily be accomplished by dividing procidentia uteri into two stages, the *incipient*, and the *complete*; the *incipient* or when the uterus remains within the labia; the *complete* or when it protrudes externally. Your correspondent, Mr. Simpson, has with becoming liberality* subjected the sponge

* I wish every Medical Man possessed this amiable quality. It is a melancholy, but a true reflection, that much illiberality prevails among country practitioners. Let me not be misunderstood. There are hundreds

sponge pessary to trial, for which he will accept my thanks, and is pleased to express himself amply convinced of its utility; I can assure this Gentleman it will not disgrace his sanguine recommendation, or discredit the very liberal and handsome encomiums bestowed on its value.

I am, &c.

Sunderland, Nov. 5, 1805. G. P. DAWSON.

To the Editors of the Medical and Phyſical Journal.

GENTLEMEN,

THE following interesting Case is not presented to the public as a specimen of any thing novel, but to call the attention of medical men to a very important part of the profession, viz. the diseases resembling syphilis. Upon this subject some valuable information has been lately given to the world, and happy would it be for mankind, if in the general treatment of this disease, a due and cautious investigation of its progress, character, and appearances were first made, before its treatment was determined upon; we should not then be witness to the sad number of mutilated victims, who either have fallen a sacrifice to

---

dreds, some within the sphere of my own acquaintance, of exemplary candour and liberality, an honour to the profession, and to human nature; but there are others, and to them I allude, who are, what a noble author calls, children of a larger growth. These men view their contemporaries with a jaundiced and a jealous eye, and, Zanga like, rapturously embrace every opportunity of doing them disservice. The justly celebrated Dr. Trotter, of Newcastle, a man whose name science cannot but revere, elegantly expresses my sentiments, when he emphatically remarks, "It does not much redound to the honour of the age, that there are men among us, who, assuming all the airs of a Radcliffe, without the talents, are insidious and jealous inquisitors of the practice of others, and surly dictators in their own; whose will is their law: Stat pro ratione voluntas, and "Bear, like the Turk, no brother near the throne." It is, however, exceedingly gratifying to a generous mind, to know that "no divinity hedges" the illiberal and the ungentlemanly. When my avocations will permit, and circumstances will allow, I purpose writing an Essay on Medical Illiberality. A friend of mine, a man of genius and of learning, to whom I imparted my design, observed that such a work would expose venality and ignorance, bestow on modest merit its just reward, punish unblushing effrontery and unworthy arts by deserved contempt, and render futile all the whispers levelled at a neighbour's fame! Could I persuade myself of this, I should not long delay the grateful task.

to the daring attempts of ignorant empiricism, or to the rash administration of the mineral specific; and it may well be doubted, whether more sacrifices are not annually made to the injudicious administration of mercury, than to all the combined effects of the morbiferous poisons. The subject of the present paper was a gentleman, for whom I was consulted in the early part of the present year, on account of an excoriation on the side of the prepuce; the history of the case was this: His mouth had been for some time in an indifferent state, probably owing to the very impure quality of the atmosphere, which, from the nature of his situation, he was then confined to.

In the early part of January he had a connection; from this, however, no visible morbid symptom arose till five or six weeks after, when a slight irritation was felt upon the prepuce; this was soon followed by a sore, extending from the middle of the left side of the prepuce to the frænum, and succeeded by an enlargement of the glands in each groin. Upon viewing accurately the sore, whose surface exhibited little of the characteristic marks of the true venereal chancre, and particularly attending to the progress of the case, and the length of time that had elapsed between the connection and the appearance of the sore, I pronounced it not to be venereal, and directed the most simple applications to be made, as, the saturnine solution, or a poultice of milk and bread; this plan was adhered to for some time, when it not appearing to form a disposition to heal, and considering that it might probably be owing to the present indifferent state of his health, recommended a mild mercurial wash, which in a short time completely healed it.

Nothing now whatever appeared, till early in May, when I was again consulted by the same gentleman, on account of an uneasiness in his throat; upon examination I distinctly perceived a slight ulceration upon the tonsils, accompanied with a degree of erysipelatous redness. The ulcerations kept gradually, but superficially, spreading for about a week, when an eruption of purple spots took place upon the skin, and at the same time the glands in the groin continued greatly enlarged.

Confident, however, from the appearance of the sore, and particularly from the history of its progress, that it was not venereal, I recommended the use of mild detergent gargles, and a plentiful quantity of Red Port daily. From this time, however, a uniform increase of the symptoms took place, the eruptions became more vivid,

 and

and the tonsils, although, extensively ulcerated and sloughy, did not appear to penetrate deep, or to assume the thickened ragged edge. The case at this time becoming of some importance, I was desirous of my patient having further advice. It was accordingly agreed to consult Mr. Pearson, who upon hearing the history of the case, and minutely examining the appearances, gave it as his opinion, that it was not venereal; in addition to the plan before recommended, he advised a plentiful use of the Peruvian bark with elixir of vitriol, and the application of the oxymel eruginis to the tonsils. From this period to the beginning of July, a slow and somewhat interrupted progress was made; the ulcerations had extended from the tonsils up the inferior edge of the velum palatinum, when at this period the tonsils assumed a disposition to heal, but again quickly ulcerated. Little benefit having resulted from the means hitherto made use of, and his health beginning to suffer, it was determined that he should discontinue all medicine and repair into the country. The symptoms which had hitherto been characterized by a very slow progress, now assumed a much more rapid increase; the ulcerations spread on one side of the velum palatinum, crossed the uvula, and completely affected the other; a deep ulceration took place upon the tongue, and the copper coloured eruptions became larger, and more universally diffused.

The conviction, however, of the peculiar character of the primary symptoms, still supported me in the belief, that, although a most obstinate poison was secreted and thrown into the system, yet, that it was essentially different in its true specific properties from the venereal poison; in this I was shortly corroborated, for a fortnight had not elapsed, before a sudden and almost an entire disappearance of the eruption took place: this is a character which most decidedly marks the spurious syphilis from the genuine, as will be shortly observed at the conclusion of the case. In a few days the eruptions again appeared, and continued to the end of three weeks, at which time the progress of the poison appeared to have arrived at its achme; the ulcerations in the throat began to subside, their sloughy surface to look more healthy and granulate, and the eruptions gradually disappeared. Since that period some slight fluctuations have taken place, sometimes all the symptoms being nearly exhausted and then appearing to resume a slight morbid action; this was particularly the case in the early part of September, when a super-

a superficial ulceration re-attacked the right tonsil, and affected the left with small scattered specks. At this period I recommended a strong decoction of bark, combined with a small quantity of sarsaparilla and burnt sponge, and in each dose of the above, from ten to sixteen drops of the muriated barytes; under this medicine every symptom has subsided, and the patient's health nearly re-established.

Thus has a most interesting case, which lasted with very ambiguous symptoms from the beginning of May to the early part of October, finally terminated without *one single particle of mercury*, and in a constitution where, probably, a complete course of that mineral would have proved fatal.

Remarks.

It has been justly lamented, by accurate and eminent practitioners, that no criterion could be formed, at least by appearance, of the difference between the true and spurious venereal sore; this, I confess, in numerous cases, is a difficult and almost impossible thing, and whoever solely trusts to the appearance of either a primary or secondary affection, without being guided by the history of the case, will be subject to perpetual error. The above case is a striking fact, elucidating this proposition, for I am convinced, that let the sagacity of that practitioner have been what it would, his judgment must have been most palpably deceived had he depended upon the appearance alone. The venereal poison, as far as the experience of many centuries confirm, is a virus, which, when once received into the constitution, no power that it posseses is capable of expelling; and, to quote the words of Mr. Pearson, (whose great judgment and superior abilities, particularly in this part of his profession, will confer a lasting honour upon his character), " That when once the venereal poison is received into the system, it will go progressively forward to the destruction of the animal, unless checked by the use of mercury." This therefore forms the grand essential difference between the two poisons, that the former will ultimately destroy, except checked by medicine; the latter fluctuates, and will at last exhaust itself. But, besides this distinction of its principle, a minute investigator, who has an opportunity of seeing the primary affection, will still further discriminate from the *character*, and more particularly from the account of the *progress* of the case. This was one of the circumstances that

that appeared to decide in the present case; for, First, to imagine that a true venereal sore could take place several weeks after exposure, and particularly when a due attention had been paid to cleanliness, was a fact which militated against all that we ever knew of the venereal disease. Secondly, the nature and appearance of the sore did not correspond with the venereal character, its base was not sloughy or deep, it did not assume the thickened edge, and the slight surrounding induration that was left gradually subsided. Thirdly, the glands in the groin, which had arrived at a considerable enlargement, as soon as the sore was healed ceased to increase, and although it is not absolutely necessary that every true venereal enlarged gland should suppurate, yet the probability that they are spurious is in their favour, particularly when they gradually diminish without the use of mercury; and, lastly, the slight depth which the secondary ulcerations made, the regular edge, and the fluctuating appearance of the spots, were criteria, which the most sceptical observer cannot controvert.*

I am, &c.

November 30, 1805. W. S. C.

Case of an uncommon Disease caused by an Insect in the Liver.

Doctor Desfontaines, of Paris, attended a gentleman, aged thirty-three, who had always enjoyed good health, being of a strong and robust constitution. When the Doctor first saw him, he complained of violent pains in his stomach, and a difficult digestion, but these inconveniences were sometimes relieved by a slight diarrhœa. His appearance was pale and rather ash-coloured. In the urine, a yellow or whitish sediment was observed. His tongue was always foul, and his pulse thin and hard. From

---

* Medical practitioners in general, on this side the Tweed, appear to be ignorant of the disease so well known in Scotland by the name of Sibbens or Sivvens, of which the above is, probably, an instance. The interesting question, whether this is to be considered as an hybrid disease, or as a new species not yet distinguished by Nosologists, must be left to future observation. All communications tending to elucidate this important subject must be considered as most interesting, not only to medical men, but the world at large. Ed.

From these appearances the doctor was led to conclude, that the complaint arose from obstructions in the intestines, and accordingly ordered diluent medicines, whey, infusions of resolvent herbs, broth, &c. After some days, an opening medicine was given, which seemed to relieve the patient a good deal. Three weeks after he was violently seized with a vertigo and head-ache, which continued without the least interruption. The pain in his stomach grew worse, and extended towards the great lobes of the liver. At the same time the patient lost his appetite, and frequently fainted; his skin was tinted of a saffron colour; his breath became very offensive, the urine thick, and of a brownish colour. Soon after he had some bilious dejections. Having taken some opening medicines, injections, bitter and stimulating medicines, Dr. D. ordered emollient cataplasms and laudanum, in order to procure him some relief. During the space of five weeks all the symptoms increased; every kind of food brought on sickness, and was thrown up again by vomiting. The fever rapidly increased, the extremities became swelled. The Doctor ordered half-a-drachm of jalap with a little calomel, without effect; the next day the same was repeated, which brought on a discharge of blood, and soon after the patient expired.

Dissection being made, all the contents of the chest were found natural; the stomach was much contracted, and its upper aperture appeared in plaits. The inner coat was red, inflamed, and in some parts gangrenous. The intestines much extended with air. The pancreas preternaturally enlarged. The vesica fellis was empty, and contained only two small bilious stones. The liver was much smaller than natural, in some parts hardened and scirrhous; in others more pale and livid. Towards the middle of the concave surface of the great lobe, a small aperture was observed of six or seven lines in diameter, entering about four or five lines deeper. This cavity was filled with a black, thick fluid, and *a living insect* crept out, of a peculiar kind, quite dissimilar to insects sometimes observed in the liver, and known under the name of hydatids of the liver. It was like a smooth caterpillar, or silk-worm, of the same thickness and shape, and four inches long. The colour was of a brownish red, the body ringled, each of these rings having a white spot, in the middle of which a hair was standing upright, as in some species of caterpillars; the lower part ended in a tail something like that of a crayfish.

This

This very singular case, reminds us of an account given by M. *Lannec* (Journal de Medicine, An. XIII. pluviose, p. 55.) where *ascarides* were found in the bilious duct of a child. The patient died suddenly, at the age of two years and a half. He was not emaciated, and all the intestines had their natural appearance, the stomach and liver excepted. The stomach was equal in size to a duck's egg, and entirely filled with white and cylindrical worms, from six lines to five inches long, which, on examination, were found to be ascarides. The internal coat of the stomach was in different places more red, but no inflammation or thickening of the internal membrane was to be observed. The ductus choledochus was more enlarged, to about half an inch diameter; the ductus hepaticus was likewise much larger; all these were filled with ascarides, and contained so little of the bilious matter that these worms were not even stained by it. The pituitous membrane of these ducts was somewhat thickened with red spots. In some parts the membrane was corroded. The ascarides were in contact with the liver, and a number of cavities were observed to be formed by them, some of which were of the size of an almond. The vesicula fellis likewise was filled with ascarides. It is very remarkable that no worms were found in the other intestines.

Case of Hydrocephalus Internus; by Dr. Witte.

A Widow Lady, aged 53, mother of several children, and always, as she asserted, in good health, suddenly experienced a disagreeable sensation in her left eye, but which she considered as of no consequence. A few days after she observed a dimness in this eye, which prevented her distinguishing objects even at a short distance. The next morning, after a good night's rest, on rubbing the bulb of the eye with her finger, to promote the power of seeing, she was unable to distinguish the light, every thing appearing quite dark. On examining the eye, the iris was clear, but more dilated than natural, and its contractility entirely lost. In the right eye the contractility was likewise diminished, but in a smaller degree, and the iris a little more dilated. The objects she saw with this eye did not appear quite so clear as before, but

but sometimes in a mist, which was soon dispersed when she rubbed the eye with her finger. On enquiring into her previous state of health, she observed, that she had often suffered, for nearly eighteen years past, violent head-ach on one side, which was always increased before her monthly period came on, and that she had consulted a great number of regular physicians as well as quacks, to obtain relief, but without any effect. About five years ago the monthly period ceased, and since that time the head-ach became universal, sometimes stretching towards the shoulder, and accompanied with giddiness. Excepting these complaints she enjoyed a pretty good appetite; her tongue was clean; the body rather bound; the night's rest good; and yet, notwithstanding, she felt a great weariness in all her limbs.

Doctor W. directly formed an opinion, that the source of the affection of the eyes must be in the brain; he therefore informed the relations of the lady, that, probably, the right eye would likewise become blind; that the eyes would be drawn irregularly, and the patient squint; that sickness of the stomach, and vomiting of a bilious matter would follow; and this, probably, owing to a collection of water in the brain. In consequence of this opinion, he ordered the hair to be cut, and a large camphorated blister to be applied over the head, at the same time an inciting glyster to be given; the mercurial ointment to be rubbed into the hands and under the feet; and a decoction of the foxglove prescribed, to be taken inwardly. The next day the right eye became blind, and the turn of the eyes commenced. The medicines were continued. On the fourth day all the symptoms became worse; the head-ach was intolerable, and the patient sometimes delirious; the urine was high coloured and scanty, and she had neither appetite nor thirst; the vomiting began, and occasionally continued until she expired, on the seventh day.

On examining the head, after death, the blood vessels of the membranes of the brain were entirely filled with coagulated dark blood; on the right side, the dura mater was firmly attached to the skull, about the size of a crown-piece. The cortex cerebri, corresponding to this part, was of a greyish black colour, and putrified. The anterior ventricle of the brain was much distended, and contained half a pint of a clear lymphatic fluid; the right ventricle contained about an ounce and a half of fluid; at the base of the brain there was likewise some water found. Excepting these appearances, the brain was quite sound and natural, and likewise all the intestines.

Pathological

Pathological and Clinical Observations on the fœtid Grains or Tubercles, mixed with the Sputa of consumptive Persons. By Dr. Ballhorn.

It is frequently observed, that persons, apparently in good health, expectorate little whitish grains or globuli, like a small pea, and even less, similar to spermaceti, which when they are rubbed in pieces cause a disagreeable smell. Sometimes this matter is more fluid, sometimes more glutinous, and it is excreted during spitting, or coughing, or calling aloud. In general, it is considered a symptom preceding consumption; it is therefore the more to be wondered that no inquiries have been made to investigate the cause of this phenomenon. When the expectoration of these grains is accompanied with cough, dyspnœa, and pain in the chest, the origin may be justly deemed to proceed from the lungs, and it often happens that the spitting of blood supervenes, and the patient dies of a consumption; but, on the contrary, there are many instances of people being affected with this accident, enjoying in every respect a perfect good health: we are then left to conclude, that the seat of this evil cannot always be the same; and it seems very probable that the coagulum sometimes is formed in the lungs and bronchiæ, when it is expectorated in coughing; in the throat, when it is eliminated by calling aloud; or in the larynx. On minute examination, we find *that this coagulum has the greatest similarity with the tartar adhering to the teeth*; and it may be observed, that persons, whose teeth are affected in such manner, are likewise liable to such an expectoration. Dr. B. therefore draws the conclusion, that in both ways the origin is the same, viz. the bad state of the stomach and the organs of digestion.

But whether this tartar of the teeth, the fauces, or the pneumatic organs, may be considered as a crude matter of diseased digesting organs, deposited in these places, and formed from corrupted juices; whether it is a more animalized and secreted matter from the blood; or whether it may be thought to be a precipitate from the spittle deposited on the gums, or from the exhalations of the bronchial glands deposited on the fauces or the bronchiæ, it cannot be evinced with certainty; but, beyond doubt, an anomalous chylification contributes mostly towards its formation.

It

It is of the highest importance when any patient expectorates such a substance, to examine the seat of it. When there is no difficulty of breathing, no stitches in the chest, no cough, nor difficult expectoration, the matter probably is secreted in the fauces, and this accident is more tiresome than dangerous. But if we observe the formation to take place in the lungs, we cannot draw the absolute conclusion that consumption will follow. How many persons die of old age or other accidents, whose lungs were deemed perfectly sound till, after death, dissection has proved the contrary? In the following instances only, this coagulum seems to produce a consumptive state.

1. When a real calcareous or earthy matter is deposited in the bronchiæ; as long as this matter remains soft and friable, it may be removed by coughing or expectorating. In this case the asthma is not constant, but more periodically; sometimes it entirely vanishes; but when the soft matter is rendered more calcareous, and the pneumatic tubes are obstructed, then the asthma is constant, and will not yield to the most efficacious remedies; if the lungs are not very irritable, it may be borne perhaps a long time, even without injury.

2. When the circulation in the lungs has been impeded by these obstructions, the tartar causes a violent irritation, cough, and hæmoptysis; and a chronic inflammation is brought on, ending in consumption and hectic.

That in such tartarised lungs, spitting of blood may easily be produced, is proved by analogy. Persons whose teeth are covered with tartar, are liable to bleeding from the gums. Is it not probable then that the tartar, collected in the lungs or bronchiæ, may debilitate and irritate the blood vessels of the lungs, so as to produce hæmoptysis? However, the debilitating power of the tartar cannot have the same effect as upon the gums, being much less exposed to the air.

Now, it may be asked, whether there are any remedies which possess the power of dissolving the tartarized concretions? and whether this species of consumption may admit of a cure? This, in general, cannot be answered. It depends on the structure and formation of these concrements. Dr. B. mentions several instances where the expectoration being mixed for a great length of time with such grains and globuli as have been described above, hæmoptysis soon after ensued, and all the other symptoms of

of consumption; nevertheless, the patients perfectly recovered, and enjoyed a durable state of health. But when the soft tartar is reduced to an earthy or calcareous matter, it cannot be absorbed or thrown out by coughing. And yet, considering the great power of the absorbents, even to take up and to emolliate bones, the absorbing power of the lungs cannot be entirely denied; and our endeavours would be in some measure rewarded, if at least some portion of the concrements was to be removed by absorption, or even if a new formation or reproduction could be prevented. It is beyond doubt, and has been proved by pathological dissections, that such patients may attain a great age.

The method of cure therefore must be chiefly directed to prevent the production and increase of the concrements; in general, the progress will be slow, but with a careful and assiduous perseverance will now and then succeed. Sometimes the way of living, and the diet of the patient, suddenly put a stop to the progress; for instance, a milk diet is exceedingly hurtful.

The Doctor lays down the following plan, and list of medicines, by the continuance of which the patient will find himself considerably relieved. The diet must be light and nourishing; all the acids, wine, spirituous liquors, milk, cheese, and fat, should be carefully avoided.

Lime water has, in many instances, been the most serviceable.

3. The digitalis purpurea, as much as the patient can bear, on account of the connection between the lungs and kidnies.

4. Ipecacuanha in small doses, and often repeated, but not so far as to create nausea. The Doctor thinks it relieves in small doses the spastic affections, which are often associated with this complaint.

5. Sulphur stibiatum aurantiacum, in one or two grains, is a useful medicine to promote gentle expectoration.

6. The light mineral waters of Seltz, Embs, &c. which contain alkaline particles.

7. Bark, quassia, rhubarb in small portions, and other bitters; and assafœtida for promoting and strengthening the organs of digestion and chylification.

8. All kind of passive exercise, as riding on horseback, swinging, &c

To

To the Editors of the Medical and Physical Journal.

GENTLEMEN,

I Do not recollect that any of your Correspondents have written on the subject of Crusta Lactea. This sometimes proves a very severe and troublesome disease; in some families attacking every child at the age of a few weeks, and continuing with more or less violence till the period of teething is over. I have attended several children in a family in this village, who have had it most severely. The eruption was not confined to the head and face, but extended to the arms and different parts of the trunk. The irritation was so great, that it frequently required for many nights and days together, the constant care of a servant, to prevent my little patients from scratching themselves, which they frequently did, till they bled profusely. The discharge from different parts of the skin, made their caps and linen as stiff as horn, and to adhere so firmly as not to be easily removed without also taking away the cuticle to which they adhered. It has been sometimes found necessary, not only to muffle their hands, but to pin them to the bed-clothes; though I have never seen any permanent marks, and have sometimes thought this superficial bleeding useful. This excessive irritation and want of rest were sometimes attended by loss of appetite, and consequent loss of flesh and strength. The two oldest were very much benefited by taking asses milk, and by the occasional use of bark, natron, &c. as ordered for them, by the justly celebrated Doctor Willan. They were inoculated with small-pox during the active state of the disease; both had it mildly, but it appeared to make no alteration in the state of the original complaint. The second, a girl, now about 6 years of age, has not been, till lately, entirely free from some of the effects of the disorder about her mouth. The third child, a boy, when 6 weeks old, was attacked in the same manner as the two elder children. The complaint soon extended itself over a variety of parts of the body, the bends of the arms, &c. and threatened to be as severe as it proved with the two others; but at this time, by the recommendation of Dr. Willan, the child was vaccinated; he had a true vaccine vesicle, and on the ninth day, when the areola began to extend itself, the general irritation of the skin vanished. The child was afterwards not without appearances of the disease,

disease, but it was unaccompanied by any degree of irritation, and was very soon removed entirely.

The first three children having been attacked so decidedly, it was reasonable to expect that the fourth would not escape; but a preventive was mentioned to me by its anxious mother, and said to have been the practice of Dr. Orme in such cases. As I have never had the pleasure of the Doctor's acquaintance, I cannot tell how far this may be true; but perhaps the medical world may be favoured with some farther intelligence through the medium of the Medical and Physical Journal, and for which I, for one, shall be very thankful. On the day after the *fourth* child was born, a small blister was applied inter scapul. When it had drawn properly it was suffered to heal, and then a second was applied, which was kept open with cerat sabinæ till the child was near three weeks old. He was evidently weakened by it, and lost flesh, but he has never had the slightest appearance of eruption of any kind, though he is now almost 2 ½ years old, and is a fine healthy child.

A *fifth* child, a boy, was born on the 7th of last September, and on the following day a blister was applied, and managed exactly in the same way as with the fourth; this child, however, was certainly more robust than the former one, and did not suffer so much in his general health by the remedy; but, whether this circumstance is, or is not material I cannot tell, but at the end of six weeks, there certainly were some appearances very much like a commencement of the disease; and that it might not have time to establish itself, another blister was applied and kept open, and on the 22d of October he was vaccinated. After these remedies, every vestige of the disease disappeared, and there has hitherto been no return. To those practitioners who have frequently seen this complaint in its most troublesome form, these remarks may be of some value; and if any Gentleman's experience sanctions this mode of treatment, or can point out a better, he will discharge an important duty, by communicating it to the world.

I am, &c.

Cheshunt, Herts, Nov. 25, 1805. E. HARROLD.

To

To Dr. BATTY.

SIR,

THE following history of an extraordinary Case of Stone and Gravel, in a young woman, together with the stones evacuated, I send for your inspection, and to show your medical friends in town, requesting, if you think it deserving a place in the Medical Journal, you will insert it, when most convenient, which will again oblige,

Your's &c.

WM. GOODWIN.

Earlsoham, Framlingham, Suffolk, November 12, 1805.

Mary Watling, a servant to a farmer in the adjoining parish of Bedfield, a very healthy young woman, 18 years of age, was in perfect health till April last, when she first perceived a puffing and swelling of the abdomen, with some pain in her back and body, in the direction of the ureters; these symptoms were followed by a difficulty in making water, which increased to a total obstruction, that continued sometimes two, three, and four days, at which times she suffered inexpressible torture, evacuating the urine in small quantities, or, after a long inability to make any, would discharge many pints at a time. She being a poor girl, had no medical advice till she came to me on Wednesday the 9th of October last, at which time she was in great pain, having made no water from the Tuesday morning; when I directed the following drops.

℞. Tinct. opii ℥ß. Aq. kali pur. Spt. tereb. aa. ʒij. M. 25 or 30 drops were ordered to be taken in milk three times a day, and when most in pain; and in case she had not relief, to go into a tub of warm water. She did not procure the drops till Thursday noon, had made no water from the Tuesday morning, and was then in extreme distress, frequently fainting away from the excessive pain, when she took twenty-five in a glass of milk; in a short time she felt a great forcing down at the neck of the bladder, and soon after made the enormous quantity of eight pints of water, evacuating therewith seven of the inclosed stones. Four hours after, she took another dose of the drops, and soon after evacuated three pints of water and nine stones. She again took more drops at night, and passed two pints and eleven stones. Continued the drops in the morning; made more water, and a large handful of gravel and

 stones;

stones. She repeated the medicine at noon, on Friday and passed more urine with many stones, some of which are as large as marbles, of an irregular shape, and of a chalky appearance, but of a pretty hard texture; much gravel was passed with the above, and she frequently fainted from the great distress and pain she suffered. In the evening she took another dose, and passed more water and nine stones, with gravel. From this time she made water free and well for a week; at the end of which time, the pain in her back and body returned, when she again had recourse to the drops, took thirty, and went into a tub of warm water, and passed with extreme pain, a large film or membrane, with a handful of gravel, and five small stones; making in the whole, between eighty and ninety, from the size of a pea to that of a marble, weighing one ounce and three-quarters, together with an uncommon quantity of gravel.

Since passing the above cyst or membranous substance on the 17th, she has made water well and freely, without pain, but is unable to retain it more than three hours at a time, making it in large quantities, feeling sometimes slight pain in her loins, but is in all other respects in perfect health. The above is as short a narrative of this extraordinary case as I could well make; and as the drops she appears to have found benefit from, have given great relief to many nephritic patients, I thought it right to make them, and the case, as public as possible.

To the Editors of the Medical and Phyſical Journal.

GENTLEMEN,

I Usually receive great pleasure in the perusal of your Journal, as a repository of curious Cases, and as conveying much information in the different branches of the profession; though, perhaps, if you were sometimes to exercise your power of selection to a larger extent, it might be no great disappointment to your readers. The recording of common observations and trivial cases, can excite very little interest in the public mind; but if the Authors think proper to deduce from them conclusions which appear to originate from an error in judgment, and endeavour to establish their inferences and opinions as an authority

thority in practice, they become fair objects of criticism. On this ground I shall request your insertion of the following remarks on Dr. Cuming's communication, inserted in your Number for November.

Though I hope, in common with the Doctor and the greatest part of your readers, I may have learnt " how to appreciate local bleeding in topical inflammation," yet I must, contrary to his fond expectation, take the liberty to assure him, that I have really considered " the time employed in reading his paper as mispent, nearly one whole page of it being occupied with conveying to your Readers the wondrous information of the *partiality of leeches* for blood, and that it will prove an excellent bait to apply some on the skin, where it is intended they should attach; for the learned Doctor gravely acquaints us, that when the animal " tastes the blood, it generally fixes on the spot immediately, provided *we are not such fools* as to mistake the tail for the head;" but in this respect we have happily the comfort of the Doctor's opinion, that there is " no *vast* difficulty in discovering the one from the other." But to prevent even the possibility of disappointment, we are also informed of another " nouvelle" part of the process, that blood may readily be obtained for this purpose by, (wonderful to relate,) " tying a piece of thread or tape round the end of one's finger, and plunging the point of a needle into it"! And for all this knowledge, the Doctor modestly acquaints us, " he is indebted to a man in Romsey." Seriously, Mr. Editors, if all this had been " treasured up, miser-like, in the rusty coffers of the Doctor's own soul, I do not think the improvement of your Readers would have suffered any very considerable diminution.

I will now take the liberty of proceeding to his case of Ischuria; the recital of it makes one shudder at his patient's narrow escape from imminent danger, but in which I cannot see that the Doctor has much reason to plume himself on his knowledge and dexterity.

Mr. C. the subject of this case, it is said, " had not passed any urine for many *hours*;" from which I think we may infer, that Dr. Cuming's assistance was requested as soon as the pain and irritation, in consequence of the retention, became very severe. On the evening of the *same* day, the introduction of the catheter was first attempted, when, he tells us, " he was foiled in his attempt, after trying every possible method that was likely to render his endeavours efficient, and that the catheter passed with great ease, *apparently*, as far as the membranous part of the urethra

thra or to the prostrate gland." Now comes the mischief, for we are next informed, that "by using a steady, firm, and cautious force, he felt the sensation of something giving way to the point of the instrument, impressing him with the idea that bands were formed across the passage, from the exudation of coagulable lymph, or that the passage was nearly or totally obliterated by surrounding inflammation." The instrument is then said to have "*advanced suddenly for the space of half an inch, and on withdrawing the stillette, nothing but a few drops of blood followed.*"

From the foregoing statement, does it not amount to more than a presumption, that the catheter was pushed through the membranous part of the urethra, between the bladder and rectum, or into the prostrate gland. The time elapsed since the commencement of the disorder is only described as being many hours, it can therefore be scarcely thought sufficient for the exudation of "coagulable lymph so as nearly or totally to obliterate the passage," or for the "formation of bands across it," so very firm as to resist the force with which they were assailed; and which, though the Doctor applies to it the epithet *cautious,* he observes, "*it required more than ordinary fortitude for his patient to bear.*"

The reader cannot be surprised that he "now deemed it prudent to desist."

After bleeding and administering an opiate, he directed his patient to be put into the warm bath, which (fortunately for the world) suggests to the mind of Dr. Cuming another GREAT DISCOVERY, equal in importance to the man of Romsey's with his leeches, that an *oval tub* is far more convenient for bathing a person in a horizontal position than a round one! This plan, however, not proving successful, he wisely determines on the following day to have recourse to the catheter, but for the purpose, it is said, of "facilitating its passage; though it would seem his patient could not be placed in the most convenient posture in the world, or the most favourable to the Doctor's *exertions,*" he resolves to take the *advantage* of introducing it, whilst his patient remained in his favourite *oval tub*; but even in this *advantageous* posture, he "met with resistance so considerable as to stagger his fortitude;" however, under the "blessing of Providence, his endeavours were at last crowned with success; not, I imagine, from having forceably broken down any "bands formed across the urethra," but from having, after repeated trials, fortunately directed the instrument into the natural passage.

In

In confirmation of the opinion I have formed from the statement of this case, we find that the patient now complained of (what cannot be wondered at) a *strange sensation in the urethra,* and a pain and numbness in the course of the crural nerve, which, however it be accounted for, he dated from the *first attempt* which Dr. Cuming made to draw his water off, and it was succeeded on the following evening, as might be expected from an injury done to the urethra at that part, by a sense of heat and fullness about the neck of the bladder, not a word of which had been mentioned before during the formation of those bands across the urethra, or the exudation of the coagulable lymph, so as "*nearly or totally to obliterate the passage.*" Nor does it appear that the *idea* of inflammation had made, before this time, any *very strong* impression on his mind, as it was now only that the leeches were first applied to the perineum. "The relief, however, obtained by them was so evident, as to enable the Doctor to announce another GREAT DISCOVERY to the world, "which, he says, neither teachers of medicine, nor authors, have inculcated," that the application of leeches to the neighbourhood of an inflamed part is "of utility!"

I shall now endeavour, which is the great object in my soliciting the publication of this paper, to counteract the impression which Dr. Cuming's remarks on the introduction of the catheter, have a tendency to make on the inexperienced practitioner, by contrasting them with the excellent observations of Mr. Hey in his Practical Observations in Surgery.

Though the force in passing the instrument is mentioned by Dr. Cuming to have been firm, cautious and steady, yet taking into consideration the *general* description and his observations on the whole case, it evidently conveys the impression of a greater exertion being required than can be admitted to be prudent or necessary, and which exertion, I think, I have sufficiently proved to have been the source of the chief difficulty in the treatment of this case, from which he deduces his opinion. He endeavours to fortify the mind of the practitioner, and prepares him to expect the operation to be a most painful one, requiring at times more than ordinary fortitude for his patient to bear; and by following the Doctor's example, he is to persevere even when he perceives the sensation of something giving way to the point of the instrument. Dr. Cuming concludes his paper by acquainting the reader, "that he is inclined to suppose that many cases have terminated fatally from want of *perseverance* and *fortitude* on the part of

of the surgeon," and advises him to be "*deaf to the intreaties of the patient,* when he desires him to desist from pursuing those means which alone can insure success." "Many opportunities of shewing his conciliatory kindness and attention will occur, without risking the life of his patient by cowardly concessions."

How opposite is all this recommendation of force, perseverance, and fortitude, to the language of Mr. Hey, who, after describing, perhaps in the best possible manner, the method of performing this operation, and the cause of the laceration of the urethra, proceeds (page 388.) "Whatever method of performing this operation is pursued, the catheter should be introduced with the *greatest gentleness.* When any obstruction occurs, the design of the surgeon should be to *evade* rather than *overcome* it. Unsuccessful attempts may render a case *extremely difficult,* which was *not so before.* I wish to impress upon the mind of my reader that a *moderate* force, improperly directed, is capable of injuring the urethra in such a manner as to render the operation almost (and without a just knowledge of the injury altogether) impracticable. It must be obvious to every surgeon, that *long continued* or *violent attempts* have a tendency to increase the inflammation of the urethra. But the accidents to which I mean particularly to direct the attention, are the formation of a kind of pouch in the urethra, and the *laceration of its membranous part.*" Which latter accident, he afterwards adds, "he is persuaded occurs more frequently than is commonly imagined, and at times when no great force is used." The reader will, however, find the subject amply elucidated in the work itself, which contains more original information on this and a variety of other subjects in surgery, than any other book with which I am acquainted.

I am, &c.

Exeter, Nov. 24, 1805.

HUGH THOMAS.

To the Editors of the Medical and Physical Journal.

Gentlemen,

As the very abusive language used by Dr. Brown, in the eighty-first Number of your Journal, must necessarily be applied to me, may I request, as an act of common justice,

tice, the insertion of a few observations, in answer to it. Dr. Brown calls all those who differ from him in opinion courters "not of truth but of fame," shakers "of all human testimony," and "guilty of a libel on the common sense and veracity of mankind." Now these are extremely heavy charges, and must be applied to me, as I have published in direct opposition to Dr. Brown: but they are totally without proof, and Dr. Brown has not been so fortunate as to demonstrate, even that *he himself* is right. He says, "the fever which prevailed at Up Park Camp, in Jamaica, during June and July, 1803, was, without doubt, contagious, because the barracks were situated upon an eminence, two miles from the sea, and were not crowded nor filthy; the hospital was exemplary, there were no swamps or sources of putrefaction in the neighbourhood, and it was the healthy season of the year;" but more particularly "because no local cause existed which could produce the disease; the disease went progressively through the battalion from the eastern-most or windward point, (the persons nearest the sick always having been the first who were attacked) and the medical men, the serjeants, the orderly men, and the barbers, were all taken ill with it, and either died or recovered with difficulty." He not only upon these facts ventures to say, "the disease was *without doubt* contagious," but goes so far as to maintain, "all comment" upon this communication "is superfluous," and that all who differ from him are what I have just represented, and worse.

Now, gentlemen, I will grant that June and July are in general the healthiest months in Jamaica; yet, does it follow hence, they always must be perfectly healthy? We know the reverse is the case, and that our West India Islands are very unfavourable to European constitutions. I will suppose the barracks, the hospital, and every thing noticed as favourable to health as they could be in Jamaica; yet we know that the air of Jamaica is so bad, that metals cannot be kept from rust in it; and that (from circumstances which I am about to name) this bad air may affect *any place at any time*. There is a wind in the West India Islands from the centre of the islands individually, towards the sea, every night; and from the sea easterly every day; and Jamaica is only about one hundred miles to the leeward of St. Domingo: of consequence, marshes, or other sources of putrefaction, situated towards the middle of Jamaica, may affect a camp or hospital situated near the sea during the night; and the bad air from St. Domingo, or even from a very large tract of country in Jamaica,

Jamaica, (if any be generated in it) may affect such during the day; that is, if such camp or hospital be situated near Kingston, (which those under present consideration I think are) any effluvium generated in the island for more than fifty miles to the eastward, would certainly reach it every day.

The other circumstances, those, namely, on which Dr. Brown lays particular emphasis, scarcely deserve our attention: no cause strictly local may have existed: the disease, indeed, going from east to west so regularly, seems to show the air which caused it blew in that direction, rather than that contagion went in that course; for the medical men, barbers, and others, would have carried contagion (had any been present) in many directions. The medical men, the orderlies, and the barbers, being taken ill, and many of them dying, proves nothing, for it seems almost the whole battalion was affected; and those even most likely to be so, who were about the sick, from several circumstances, but perhaps, above many, from that fear which Dr. Brown (I judge from his opinion now made public) could not but have inspired them with.

It appears to me, it would have been commendable in Dr. Brown to have occupied his paper with a description of the service the men taken ill had been employed on? what had been their mode of life? what was their habit of body? and whether they had lately come from a different climate or situation? Though, according to the view I have taken of circumstances, these are of less importance; for about the year 1799, a regiment went into barracks in the West Indies (I think in Jamaica) after much exercise and the liberal use of rum; (I think they had got somewhat inured to the climate) all who were bled immediately on the change from action to rest remained well, the rest were seized with the yellow fever; this fact was given me by an officer (a gentleman of veracity) in the regiment; many circumstances will assist bad air in producing fever, and will enable such bad air to do this, as without them would not have done it.

Will you allow me to take this opportunity to acknowledge two mistakes that have slipt into my "Outlines;" the one at page VII of the Introduction, in a note, and another at page XIII of the Preface. Dr. Desgenettes undoubtedly believed the plague was neither contagious nor infectious, when he inoculated himself with the matter of a bubo; but it appears he afterwards changed his mind. The mistake

mistake in the Preface is anatomical, and easily seen; I think it consists chiefly in the word "arteries" being inserted instead of "veins."

I am, &c.

Lincoln, Dec. 5, 1805. THO. ALDER.

To the Editors of the Medical and Physical Journal.

GENTLEMEN,

FROM the manner in which Mr. Blackburn announces his mode of cure in tinea capitis, through the medium of your publication, it seems very evident, that he considers his remedy an infallible one; and that it may prove as successful in the hands of others, as it appears to have done in his, is my most sincere wish. The advantages accruing from a medicine so simple and mild in its operation, are extremely obvious; but in case of its failure, I beg leave to recommend the following method, which I believe will generally be found efficient, and which I shall illustrate by a brief recital of the case of a patient who was lately cured by me, extracted out of *my* Medical and Physical Journal.

Alexander Harris, twelve years of age, had been affected with tinea capitis for the space of four or five years, and a variety of applications, such as pitch plasters, &c. were used, without any evident effect during the above period. On my joining this ship, he was presented to me for the cure of it, which I set about by ordering his head to be shaved, and the spots to be well rubbed with ung. hydrarg. nitrati. This treatment was persevered in for some time, and his head shaved as occasion required, but the cure did not advance with that celerity which I could have wished. I therefore, on the 18th of October, had the whole of his head blistered; and after the cuticle was removed, the parts which appeared white, and formed the seat of the disease, were well stimulated with emplastrum epispasticum, as long as the whiteness appeared, which was from time to time rubbed off by means of tow. During the application of the cantharides, the little fellow was seized with strangury, which was cured by omitting the acrid application, and the administration of the following mixture:

℞. Pulv. gum. arab. ℥iij. salis nitri ʒij. tinct. opii gt. 40,

syr

syr. simp. ℥ß. M. ft. mist. capiat cochl. ampla ij. tertiâ quâque horâ donec fluit copiose urina.

24th, The spots which shewed marks of the disease, were lightly sprinkled over with hydrargyrus nitratus ruber, bene pulverizatus, covered with emollient dressings, and in a few days the whole of the sores were healed without leaving any marks of the disease.

Nov. 10. Three small white specks made their appearance, on which blistering plasters were applied, and the vesicated parts treated as above, which in a few days effected a perfect cure. I was apprehensive that the places which had undergone this medical discipline would have remained bald; but on placing the patient between the light and myself, I discovered a lanuginous appearance, which has been gradually acquiring strength; his head remains without spot or blemish, and I have no doubt will continue to do so. The plan which in this instance proved successful, in eradicating this loathsome disease, is certainly attended with some degree of pain; but it must be remembered, that obstinate diseases are not to be always cured by lenient means, and that professional men have often been foiled in their attempts to perform a radical cure, being finally compelled to yield the palm of victory to the nostrum-monger and Charlatan, which should operate as a caution, and induce them to leave no remedy untried.

I have lately had a bad case of trismus under my care, which I have reason to suppose was occasioned by the effects of cold; the patient at present is in a fair way of recovery; should any of your Correspondents have witnessed a similar case, they will oblige me by giving a history of it. This man had a slight cut in the palm of one of his hands, which I think did not penetrate through the cutis vera, and which was healed several days prior to his seizure with trismus; but as he had none of those symptoms which I have observed were the constant concomitants of this dreadful disease, when originating from punctured and other wounds, I am firmly of opinion, that my patient's complaint could not be attributed to this cause.

I am, &c.

RALPH CUMING, M. D.

H. M. S. Pegasus, Dec. 10, 1805.

CASE

Case of Acute Rheumatism ending in Paralysis.
Communicated by Mr. Earnest.

My intention in publishing this case, is to show how sudden the transition is from one disease to another, and also to shew how necssary it is to arrest inflammatory complaints in the beginning. Had this patient applied for proper medical assistance when she was first attacked, it is very probable that this painful and lingering malady might have been prevented.

E. C. ætat. 27, a female, has been married, but is now a widow; she has never had more than one child, is low in stature, but is compact, muscular and strong, her complexion pale; she has in a general way enjoyed good health.

In the spring of the year 1803, after taking cold, she was attacked with acute rheumatism, which confined her many weeks, but at length she recovered and got quite well, and continued so until October 1804; when she was again seized with rheumatism, and the symptoms were, violent head-ache, rigors succeeded by heat and thirst, acute pains in the upper extremities, and in each shoulder. The bowels were costive, the arms swelled and inflamed, the pains in them were seldom long stationary, as sometimes the one would be attacked whilst the other remained free from pain, and in this manner both arms were alternately affected for four or five days; and all at once she lost the pain and swelling of the arms: but to this amendment there succeeded violent pain and fulness of the hypogastric region, accompanied with ischuria vesicalis; I say ischuria vesicalis, because there was a frequent propensity to pass water, without the power, and pain at the neck of the bladder; the urine that did pass off came by gradual distillation, and the fæces passed involuntarily; there was pain and weakness across the loins, and paralysis of the inferior extremities, with œdema; the pulse was quick, hard, and small; respiration short and quick; the appetite was very much impaired, and there was a loss of taste and smell. The catamenia had been very irregular for some time.

The patient had been afflicted in this distressing state for three weeks previous to her admission into the infirmary, which was on the 23d of November, when the following examination took place, viz. 1. The state of the uterus was inquired into, which proved to be in a natural and unimpreg-

unimpregnated state. 2. The catheter was next introduced, which immediately discovered the cause of the pain and swelling of the abdomen, as five pints of strong fœtid urine were drawn off.* During this operation syncope came on, but the patient soon recovered again, when she declared herself free from the pain, weight, and fulness, which she so long had been troubled with. About two hours after emptying the bladder, a common enema was injected, but owing to the paralytic state of the sphincter ani and rectum, it was not retained one minute, neither did the injection bring away any fæces. A cardiac draught with tinct. opii was given at bed time.

Without particularizing any formula in the succeeding treatment, I shall briefly state the kinds of medicines exhibited in this singular case, viz. Internally, cantharides, scillæ, & camphor, bis indies. Elect. sennæ c. rheo pro re natâ. A generous diet. Externally, ut. pediluvio, o. n. applic. empl. cantharid. sacro, which were several times repeated. The abdomen and inferior extremities were regularly embrocated bis indies, with a stimulating liniment composed as follows: ℞. Camphor. dr. jß. æther vitriolic. ol. terebinth. rect. aa. dr. iv. ol. olivæ. unc. j. M. The patient persevered in these remedies from the 24th of November until the 24th of December, with very little advantage either to the bladder or rectum, as the stools still came away involuntarily, and the catheter was obliged to be regularly introduced two, and sometimes three times a day, for upwards of six weeks, before any natural effort was felt by the patient; and at each introduction there was never less than a pint of water taken off. The paralysis and œdema of the lower limbs, at this time, were much relieved by the use of the friction, &c. On the 24th of December, the cantharides et scillæ were omitted, in lieu of which, the following was prescribed. Mixtur. camphorat. spt. ammon. compt. tinct. guaiac. tinct. lavend. c. and other warm stomachics as occasion required. About a fortnight after the commencement of the last mentioned remedies, the patient appeared considerably better in every respect, and of course this indication of cure was ordered to be continued. She was kept in the Infirmary until the 5th of April, and at this time she

* The patient had not passed any water naturally, for nearly three weeks before, neither had she the power of making any efforts to advantage.

she was so far convalescent as to be able, by the aid of crutches, to walk about a little; she was therefore now admitted an out-patient, and her friends had directions given them to attend at the Infirmary on proper days for medicines, which she continued to take until May the 24th, 1805, when she walked herself to the Infirmary, (about a mile) and was discharged cured.

Remarks.

The abdomen, in this case, becoming suddenly so much swelled and distended, in all probability, was the cause of compressing some of the most important nerves and blood-vessels, subservient to the principal functions of the lower half of the body, and thereby producing paralysis.

Dr. Cullen, in his First Lines of the Practice of Physic, asks the following question, viz. Can a palsy, occasioned by a compression, remain, though the compression be removed? And Dr. Rotheram, in a note, thus replies to the above question. "This question may be answered in the affirmative; because the structure of the nerve may be destroyed by the compression, and the nerve may therefore remain impervious to the nervous influence after the compression has been removed."

This kind of reasoning may be very just; but it appears somewhat ambiguous to me, as no length of time is mentioned as to the duration of compression being likely to render the nerves compressed impervious; and supposing that the paralysis in this case to have been occasioned either by tumour, effusion, or a plethoric state of the vessels themselves; it appears that an obstruction of this sort, for nearly six weeks together, had not the power of leaving the nerves impervious, or of depriving the parts affected wholly, either of sense or motion.

I have invariably remarked in practice, that acute rheumatism generally, if not always, yields to the following remedies, viz. Bleeding freely from the arm, and repeating the operation according to the urgency of the symptoms, by evacuating the stomach and bowels with the antimonium tartarisatum, and afterwards a proper and continued course of diaphoretics, calomel, and magnesia vitriolata pro re nata, cinchona of course follows at a proper time. The regimen should be diluent drinks and an attenuating diet.*

I think

---

* Opiates in these cases are often necessary, and the patients suffering under this painful malady generally experience the most happy and soothing effects from full doses (℈j ad ʒß) of the pulv. ipecac. comp. in the form of a bolus.

I think I may venture to add, that if this patient had been treated in the way just mentioned, when she was first attacked with rheumatism, that the paralysis would in all probability have been prevented.

December 7, 1805.

On the radical Identity of the Variolous and Vaccine Forms of Disease.

To the Editors of the Medical and Physical Journal.

Gentlemen,

In a late Number of your Journal* is an extract of a letter from Dr. Sims, containing a remark, that he (the Doctor) had in a paper read to the Medical Society of London, given his opinion, "that the cow-pock is the small-pox of mankind translated to the cow by means of a species of inoculation, and afterwards re-inserted into the human body in a mitigated form." Is this opinion founded on mere conjecture, or is it authorised by the result of actual experiment? About three years since (as several of my friends can testify) a similar opinion occurred to me as being highly reasonable, but as its validity was so directly capable of an experimental test, it appeared to me premature to submit it to the public before subjecting it to that most decisive mode of investigation. A heifer, about two years old, was therefore procured, into apertures on the teats of which made by a dissecting knife, were introduced dossils of lint copiously imbrued with variolous matter, taken from a case of natural small-pox, at the most contagious period of the disease. The dossils were kept in contact with every part of the cut surface sufficiently long, it may be presumed, to have produced the specific impression if that could have been effected. The sores were examined on the third day after the operation, when a slight degree of inflammatory redness and tension was apparent on the edges of the incised parts, but certainly not more than must necessarily have arisen from simple incision. On the fourth,

---

* See No. 81, p. 480.

fourth, fifth, and sixth days the redness and swelling gradually abated, and in a few days afterwards the openings were closed up by a dry eschar, which finally scaled off in about a fortnight. No change whatever occurred in the healed aspect of the inoculated teats after a lapse of several weeks, when, from an opinion that the matter employed might not have possessed its due measure of specific virulence, recourse was had to a fresh portion from another subject, taken from a variolous pustule at an early stage of suppurative inflammation. This was inserted by means of a lancet into the teats of the same heifer, in a manner similar to the common mode of inoculating the human subject. Several horizontal incisions were made in each teat, and in retracting the lancet, care was taken completely to detach the matter from its surface by suitable pressure. On the third day after the insertion there was scarcely any perceptible redness or swelling; on the fourth and fifth still less, and on the tenth the incisions were hardly traceable.

Thus, in two instances, on a heifer but two years old, and which had never numbered with a dairy in which either the variolous or vaccine affections could have been communicated, an attempt to import the small-pox infection wholly failed. But this failure did not warrant me in entirely abandoning the opinion which had led me to the trial; it has ever since that time been my intention to renew the experiment in several additional instances, from an anxious wish to ascertain a fact, that would confer on vaccine inoculation an undeniable claim to universal confidence, as decisively preventive of the more virulent form of small-pox.

It is very conceivable that persons, whilst under the variolous disease, might occasionally be employed in milking cows whose teats might present sore surfaces, arising either from scratches by brambles, excoriations from rough handling in the art of milking, or from various other accidental causes equally capable of producing the effect. At those surfaces a free inlet might be afforded to variolous matter from the hands of the infected milker. If in this mode the *original* or *human* virulence of the disease should have been attempered and rendered comparatively mild by the animal influence of the cow, it surely at once furnishes an inestimable amelioration of a severe disease, and a most important physiological hint respecting the practicability of salutarily modifying other contagious diseases by the

gramineous and consequently milder natures of other animals.

The infectious vapour of measles, scarlatina, hooping cough, and that of various forms of febrile affection, may likewise perhaps be so beneficially changed in its active virulence by the respiring and other organic agencies of quadruped animals, as to render their presence within the contagious sphere of diseases importantly advantageous. It is indeed highly probable that the vital powers of different animals will variously affect the morbid conditions of infectious matter, and that instead of multiplying the force and extending the influence of a specific kind of distempered fluid, they would diminish its strength and restrain its diffusion, by inducing chemical alterations in its constituent arrangement and active qualities.

If a number of animals, of the same species, be within the reach of any contagious disease, its spread would most likely (excepting in instances of casual insusceptibility to be affected) be extended to the whole; but were this ravage to be checked by the difference of vital influence occurring in different animals, the specific nature of the affection would be changed and the result perhaps prove a mild and comparatively inoffensive disease. This supposition derives some support from the fact of cats domestically associated with dogs during the prevalence of the disease in the latter, usually termed the *distemper*, which, indeed, appears to be an inveterate catarrhal affection, occasionally destroying by inflammatory violence on the mucous membrane of the fauces and trachea. Cats coming in contact with dogs in this disease, acquire the ailment, but in a degree so extremely slight, as scarcely, it may be presumed, in any instance to prove mortal.

The notion that one disease directly destroys the capability of another, appears to be far-fetched, and to rest on no facts that entitle it to unqualified assent. It is much more probable that the diseased influence is modified by difference of vital power, but that in all cases it is fundamentally identical. The opinion of the *grease of horses' heels*, proposed by Dr. Jenner as the origin of cow-pox, is surely too hypothetical to be capable of any support from facts. Conjecture is here stretched to a much greater latitude than in supposing that the hand of the milker, under variolous disease, has occasionally imparted its infection to the teat of the cow, where it has continued as a contagious disease, but under the mild form which at once characterises

terises cow-pox, and constitutes the unyielding ground of its preventive efficacy against small-pox.

Dr. Sims does not say that his opinion is founded on any experiment relative to the cow having been successfully inoculated with variolous matter, and that the effects had been afterwards transferred to the human body in the mitigated form of cow-pox. Are any facts on the subject adduced in the Paper read before the London Medical Society, to which the Doctor alludes? If not, the question is peculiarly proper for experimental inquiry, and should not be relinquished until it shall have undergone sufficient examination by that only certain mode of trial.

My own experiments have hitherto proved inefficient, but have not been carried to a length that could afford conclusive evidence against the object of investigation. In other instances, further attempts shall be made by me, and perhaps the public at large would be more usefully employed in putting the question to this sort of test, than in making *hair-breadth* distinctions on the various and often indefinite aspects of exanthematous disease.

If the cow can be infected by small-pox inoculation, any pustular matter, which might be produced, should be inserted into the human subject; the effects of which would directly go to ascertain what claim of radical identity actually subsists between variolous and vaccine disease, under the formal varieties which present in those several appearances of the malady. That some external difference should arise under circumstances of greater or less virulence of the same disease, is a very natural consequence, and is a difference in degree only and not in quality. All diseases afford ample testimony of similar differences in the various degrees of violence with which they occasionally prevail. But this external diversity involves no essential character.

Varietas non mutat speciem.

If the variolous and vaccine diseases should be identified, the Jennerian substitution of the latter for the former will arrive at an enviable pitch of indisputable importance. Its advantages will then be placed beyond doubt, and it will only remain to choose between a greater and less disease; in making which election, neither difficulty nor discord can possibly arise.

I am, &c.

ROBERT KINGLAKE.

Taunton, Dec. 12, 1805.

To the Editors of the Medical and Physical Journal.

Gentlemen,

Mr. SIMMONS having observed, in the treatment of his case of puerperal convulsions, (see your last Number p. 445) that "cold water was dashed upon the face of the patient, without abating the severity of the paroxysms," I am induced to send you another of the same kind, in which, cold water was so applied as to have had the effect of preventing their return, and which I shall briefly relate.

Mrs. H. ætat. 20, a well-made little woman, was on Sunday, the 2d of January 1803, delivered of a dead child, in the eighth month of her first pregnancy. The labour, which was soon over, was conducted by a midwife, without, as far as I could learn, a single untoward occurrence; the lochial discharge was scanty, and of a pale colour; but as she was as well in other respects as could have been expected, that was not regarded as a matter of any consequence.

On the Sunday evening following (9th), she complained of a head-ach, and, as her husband expressed it, "had an odd look, and did not seem to care for any thing." She grew daily worse, and on Wednesday was seized with convulsions, which continued till Saturday morning, with intervals sometimes of about three hours, but oftener, of an hour and a half only.

The medical treatment, before I first saw her, which was on Friday, the 14th, a little past noon, consisted chiefly in cordials, with opiates, æther, the warm bath, a blister between her shoulders, and sinapisms to her feet. At this time she was perfectly comatose, pupils dilated, and insensible to the usual stimuli; pulse varying from 150 to 160, and very weak; breathing slow and regular, which was the only favourable circumstance in the case of our patient.

I directed fifteen gr. of musk to be given her, every two hours; six dr. of laudanum to be rubbed into the inside of her thighs; a large blister to be put to the abdomen; and her hair to be cut off, for the purpose of making any application to the head that might be judged necessary; cold water was dashed upon her face during the fits, but without producing any effect at all. She took two or three doses of the musk regularly, and I thought, with

some

some good effect, as the paroxysms seemed not quite so severe, and the intervals between them longer; but soon after midnight, they returned with their former violence and frequency. We now found it almost impossible also to give her any medicine, as nearly the whole of it was lost each time we made the trial, so that we now began seriously to despair of our patient's life.

Having observed, that always before the fits came on there was a considerable flushing of the face with an increase of heat, particularly about the head, I thought that if this morbid heat could be carried off, before the commencement of the convulsive part of the paroxysm, this latter might be prevented. Accordingly, about five o'clock in the morning, (Saturday) the period at which a fit was expected, when the face began to be flushed, &c. cold water with salt dissolving in it, was applied freely to her head, neck, and shoulders, so that the heat was carried off before it rose to the degree that had before excited the convulsions, and which, by this means, were prevented; or, to speak in the appropriate language of Darwin, the catenation of motions which constituted the paroxysm was thus dissevered. Though we succeeded this time in preventing the convulsive part of the fit; at half past six, the period at which it would have come on again, there were the same appearances, viz. increase of heat, and the other signs of its approach; cold water was therefore applied again, in the same way, and with the same good effect. We also observed the same, though not so obviously, about eight o'clock; but after this the fits did not return, though I was told by the attendants that there was a slight flushing of the face some time in the forenoon, but that they had applied the cold water, and it soon disappeared.

Before I left her, I desired the musk to be continued; but after a few trials, it was found to disagree with her; and though the dose was lessened, it still had the same effect, it was therefore laid aside altogether.—The after medical treatment was very simple, and but slightly stimulant, with an opiate at bed time, gradually increased from fifteen to thirty drops of laudanum, and a dose of castor oil occasionally, as we placed our chief dependance upon wine regularly and *judiciously* given her. In no instance of disease that I have seen, was Dr. Darwin's "Golden Rule" in the exhibition of wine, more necessary than in the case of Mrs. H. as a very small quantity beyond what was proper, caused her to be restless, face

flushed, and the pulsation to be hurried and irregular, so that no small degree of caution was found to be necessary in giving it, particularly in the first stage of her recovery.

About three days after the fits had ceased, Mrs. H's left eye was observed to be somewhat inflamed; and without any other appearance of disease, the cornea became opaque, and she gradually lost the sight of it entirely.

Her recovery upon the whole, though it was not retarded by any other occurrence, was very slow; her pulse for a long time continued weak and quick, and with an evident undulating motion, as noticed in a similar case, by Mr. Christie, (Med. & Phys. Journal, vol. 3, p. 452); even at the end of three weeks from the time I first visited her, it was still upwards of a hundred.

Nor was the return of her reason much less gradual, for on the same day (4th of February), though I had conversed with her for some time on the preceding Monday, she had not any recollection of me, more than if she had never seen me. She is now in perfect health, and has since borne a child at the full time.

The first thing worthy of notice in this case, was the length of time that intervened between delivery and the accession of the convulsions. Another was the loss of the sight of one of her eyes, which I am inclined to think, was connected with the disease (though I cannot explain in what way), as Mr. Hempted, a very respectable surgeon and accoucheur in this neighbourhood, told me of a similar occurrence in his practice.

There was a part of the treatment of this case, before I saw the patient, that I shall take the liberty of criticising. When I asked with what view the sinapisms were applied, I was told that it was necessary to excite an irritation in the system; this might, for any thing I know to the contrary, have been a good idea, but the means used to effect it were inadequate, as local pain and constitutional irritation do not mean the same thing. The patient's sufferings were aggravated by the sinapisms, even at the time that she was insensible of sound, motion, and every thing else; and she appeared to have been greatly relieved when they were taken off; the ulceration occasioned by them was afterwards so painful, as frequently to interrupt her sleep, or altogether to prevent it, and when it was so essential to her recovery. As a rubefacient, sinapisms may answer some good purpose, but as a veiscatory they can never be necessary, as they possess no advantage, in this respect, over the common blistering plaster, not to say any

any thing of the consequent ulceration, which is always more painful and tedious in healing.

A word or two on the treatment of the patient, after I saw her, in which I shall be as brief as possible. The reason of applying a blister to the region of the uterus, might in *sound* be plausible enough, but it certainly was of no benefit; for, even after it had produced its *utmost* effect, the fits were observed to return with increased severity and frequency.

The opiate friction was a mere waste of time and expence, for if I had given the subject a moment's thought, I must have been convinced of the irritability of the whole system being so low, and the function of absorption consequently so languid, as not *then* to have been a likely channel through which either opium, or any thing else, could be conveyed into the system; and I was deterred by high authority, from using it in any other way, (see Dr. Hamilton's cases in the Annals of Medicine for 1801); though in Mr. Simmons's case it had a good effect.

Whatever benefit we ascribed in the first instance to the musk, it certainly had none afterwards, but seemed rather to have been hurtful, so that we thought proper to discontinue it.

But, to conclude, a case is mentioned by Dr. Denman,* in which cold water applied (as above in that of our patient) in the same stage of the paroxysm had the same effect.

In my communication in your last number, (page 542) you should have added at the end of the paragraph containing the case of Lieutenant B. that he died with all the symptoms of hydrophobia, though the event would readily be anticipated.

I am happy to observe, that all the reports that have of late been circulated, with a view of prejudicing the cow-pox inoculation, and the *numerous failures*, &c. that have been announced with so much *academic* pomp and pedantry, have not been able to shake the well grounded confidence which we, of this part of the country, have in its preventive efficacy; as such *failures* appear to have no better authority than that of caprice or *dotage*. As to the few well authenticated instances of the small-pox occurring in individuals who have had the cow-pox, the most that can be made of them amounts only to this, that they are deviations from general and established laws in the human œconomy, and are most likely owing to the same

 kind

---

* Introduction to Midwifery, vol. 2, note at page 378.

kind of *constitutional peculiarity* which in more than a proportionate number of cases, has caused not only the variolous inoculation, even where it excited the disease, but also the casual small-pox in its malignant form, to *fail* in preserving the constitution from a second attack of it. In proof of this, see the last four or five Numbers of the Medical Journal.

Some time last February, the poor of a neighbouring parish were inoculated with the cow-pox; a great many of whom did not take the disease, and therefore, as I understood, were inoculated again from those who had it. Ten or twelve of those who had been inoculated the second time, and who were supposed *now* to have taken the disease, and had partly gone through it, were shewn to me; when I found that at least three of this number had not the appearances of the genuine cow-pox, nor any mark that at all resembles it: so that it is obvious, that the ignorance or inattention of inoculators, is still a fertile source of many supposed failures.

I am, &c.

Wallingford, Dec. 13, 1805. A. HUGGAN.

To the Editors of the Medical and Physical Journal.

GENTLEMEN,

IN your Journal for November, you observe, that Mr. Birch and Mr. Walker deny they had pronounced the eruption on the child, in Midford Place, to be small-pox, as stated in the preceding number. I could not but be surprised at this assertion, having been assured of the contrary by Mrs. Ball, the mother of the child. I therefore called on her again, and she again assured me that her former declaration was true; adding, that those gentlemen agreed, the eruption could not be any thing but the small-pox, on account of there being the *snuff* in it.

This intrinsic evidence fully convinces me, that they really made such a declaration, whether they recollect it or not. There is no room to doubt, that they pronounced the word *slough* properly; and that Mrs. Ball mistook it for a word with which she was better acquainted. She now says, that when Mr. Walker saw the case the last time, he acknowledged it could not be the small-pox; because

because the eruption continued to come out for the space of more than three weeks.

A case was lately published in the Gentleman's Magazine by Dr. Moseley, which appears to me to be unfounded; and which ought not to pass without notice. It is there stated, that a child of Mr. Mazoyer, of Grafton Street, Soho, had the small-pox in a very severe degree, after vaccination. The case proved fatal, as might well be expected by those who saw it; but there is reason to conclude, that the child never had the cow-pock; for Mrs. Mazoyer assures me, that the inoculation *left no mark behind.* This, in the opinion of an antivaccinist, is a circumstance of little importance.

I now beg leave to offer a few additional remarks on the subject of testing those who have undergone vaccination; a subject that has given rise to great misrepresentation; which is not to be wondered at, when we recollect how many persons write on this practice, and how few understand it.

Being the first who inculcated any caution in this respect, it was natural to suppose I should not escape censure. The enemies of vaccination, and those friends of it, who are ignorant what an ordeal it has already undergone, unite in the clamour on this occasion. The truth is, that the test of variolous inoculation is neither so formidable as that it ought never to be made; nor so indifferent, as that it ought to be made upon every occasion.

It is worthy of remark, that among the failures hitherto acknowledged, scarcely any have occurred in consequence of inoculation; so that we have no proof of the superior efficacy of this test. Many false alarms have thus been excited; and some lives have thus been endangered; while the subject has been left still involved in as much obscurity as before. This, it cannot be denied, has, in many cases been owing either to the ignorance or ill design of the parties who made and published the experiments; but at the same time it is an argument of the fallacy and inferiority of the test.

That it was at first necessary to try this test, as a satisfaction to the patient, the practitioner, and the public, no man will hesitate to admit; particularly, as the fallacy of it, and the extent of the danger attending it, were not at that time so well understood. But when so many parents are anxious to try the experiment, it is proper the whole truth should be laid before the public. This I have hitherto embraced every opportunity of doing; and on the present

present occasion, wish to diffuse the knowledge of a case extracted from Mr. Dunning's publication, entitled, "Minutes of some experiments to ascertain the permanent security of vaccination."

This case, to which I formerly alluded, has alone been sufficient to deter one mother, a lady of high rank, from the hazardous experiment; and, as a proof that those who make it in the present state of the practice, and those who suffer it to be made, do it from ignorance, not a single parent, or patient, out of many thousands, after a full explanation of the subject, has wished me to employ that test for upwards of four years.

The case which I now bring forward, in addition to several others which I have already communicated, is contained in a letter from Dr. Stewart, to Mr. Dunning, dated August 11, 1804. It occurred in a daughter of Dr. Stewart, who had been inoculated for the small-pox by himself six years before; and had nearly two hundred pustules, which maturated completely. On the 24th of July, 1804, she was again inoculated with variolous matter, which was inserted in a larger quantity than usual; as is commonly done, when any person is put to the test. By the next day, the arm was more inflamed, and the cuticle more elevated, than Dr. Stewart had ever seen in any case, four or five days after inoculation, in ordinary circumstances. On the fifth day, the inflammation was considerably increased. On the sixth, the local affection still appeared to increase, and to be near its height.

The pustule was small, but became prominent rather suddenly, and in some degree resembled a small grain of wheat. Its base was of a light red or pink colour.

Some children who had been vaccinated, were submitted to the same test, at the same time; and the local effect on their arms was the same. On the sixth day, several pimples appeared on each of them; and those on Miss Stewart, who had had the small-pox, were in every respect similar to those on the other children, who had had the cow-pock; but more numerous, amounting to fourteen or sixteen, whereas in the others the number did not exceed six or eight. There was some whiteness on the tongues of all the children, and slight indisposition; rather more apparent in Miss Stewart than in the others.

On the seventh day, the pimples and indisposition were nearly the same; and in most of the arms, the areola extended to nearly the size of a sixpence. On the eighth day it was as large as a shilling, and of a bright vivid red-

nes

ness. A few small acuminated eruptions appeared this day on the wrist of the inoculated arm of one of the children who had undergone vaccination.

On the ninth day, Miss Stewart and one of the other children, were seized with symptoms resembling those of the eruptive fever of the small-pox; and in the former they were much more violent, than when she originally had that disease. The pock, on the arms of all those who had been vaccinated, had much the appearance of the cow-pock; while that of Miss Stewart assumed the appearance of the inoculated small-pox. There were, at this time, one eruption on the left cheek, and three on the upper lip, of one of the other children, approaching more to the nature of the small-pox than any that Dr. Stewart had before seen. Miss Stewart's arm had now a still more vivid inflammation; and more eruptions appeared on her than on the other child. Many of them were acuminated; and one in the face maturated; but the fluid escaped while Dr. Stewart was absent.

On the two following nights these two children were very restless, and had much fever; and during the day-time they continued greatly indisposed. On the tenth day two small eruptions appeared in the face of the child who had been vaccinated, who also had some degree of delirium. The scabbing process in the arm of Dr. Stewart's youngest child was now complete; the effects of the variolous inoculation, in her, having been very inconsiderable. On the eleventh day, matter was taken from the eruptions of the child who had been previously vaccinated, and used in inoculation; but at the time when Dr. Stewart wrote, the result could not be determined.

On the twelfth day, several fresh eruptions appeared on Miss Stewart. On the eighteenth she was much recovered; but, Dr. Stewart says, she certainly suffered more than any child whom he ever inoculated. Her case, he thinks, *clearly points out the danger of introducing morbid matter into the circulation*; and confirms the observation of the immortal Jenner, that the constitution cannot, by previous infection, be rendered totally insusceptible of the variolous poison. "Why, therefore," says Dr. Stewart, "should we expect more from the cow-pox than from the casual or inoculated small-pox?"

He also observes, that from the 29th of July to the date of his letter, a period of thirteen days, there was a succession of eruptions on the two eldest children; which, he observes, is very different from any thing we ever meet with

with in the inoculated small-pox. There was likewise, on the finger of Miss Stewart, a pit very much resembling that of the confluent small-pox.

An introductory letter from Drs. Remmett and Woollcombe, to Mr. Dunning, is prefixed to that of Dr. Stewart; in which those gentlemen declare, that nothing in Dr. Stewart's experiments has induced them to alter their opinion respecting vaccination, as expressed in a former letter; and that it is not natural to expect persons who have had the cow-pock to be more insusceptible of variolous infection, than those who have had the small-pox. They observe, that in all these cases, the symptoms were different from those usually attending the inoculation of the small-pox, the inflammation of the arm appearing, and the indisposition and eruption occurring, at an earlier period than usual. This is similar to what I remarked, in the cases published by Mr. Goldson and Dr. Rollo.

Dr. Remmett and Dr. Woollcombe then express their sentiments in the following words. "We cannot conclude without concurring with Dr. Stewart, in wishing *that the test of variolous inoculation may not generally be had recourse to.* For although, in by far the greater number of instances, no inconvenience has resulted from the practice, yet experience in these and other cases sufficiently proves, that *variolous matter cannot always be introduced into the system with impunity. In those cases where it cannot exert its specific power, it is still capable of exerting the pernicious influence of a morbid poison.*"

Mr. Dunning himself also subjoins his own sentiments on this important subject, and confirms the opinion which I had before given in my letter to Mr. Grant, and my answer to Mr. Goldson; an opinion which has provoked the censure of certain persons, who write on a subject they do not understand.—Mr. Dunning says, "If the events which took place in the preceding cases, have not immediately opened to us new sources of information, *they have amply taught us, how unwise it is to introduce morbid poisons into the system.*

In giving these opinions against a continuance of the variolous test, I may again be represented as discouraging experiments. To this I must, in some measure, plead guilty. It is not, however, my wish to discourage experiments, which are either necessary or useful. The test of variolous inoculation was once useful and necessary; but I am not singular in thinking, that it has for a long time past been otherwise; and that it has not only endangered life

life in more than one instance, but rather darkened the subject it was intended to elucidate, and spread a general, though false alarm.

At the conclusion of his pamphlet, Mr. Dunning draws a comparison between vaccine and variolous inoculation, as they have appeared in the populous town of Plymouth, highly favourable to the former; which, although it had been practised very extensively above four years, had not occasioned a single death, nor any appearance of danger. On the contrary, in Mr. Dunning's opinion, many obstinate cutaneous diseases had been removed by it; the health of many delicate and apparently diseased children had been improved, and not an individual had been to any degree injured.—On the other hand, for several years before the introduction of this practice, two at least, and some say more, died in every hundred, of those who were inoculated with the small-pox; a great number recovered with difficulty; and many still have to lament lost or impaired sight, scrofulous affections, or shattered constitutions, during life. Among the latter, one of Mr. Dunning's daughters is an example. Mr. Dunning expresses a hope, that if the inoculation of the small-pox should ever be resorted to again, it will not be allowed in large towns; but the subjects of it be obliged to perform a short quarantine.

The following failure in variolous inoculation, among many others which have come to my knowledge, was lately communicated to me by Mr. Tremaine, of Sydenham, who was inoculated by the same practitioner to whom the unfortunate case occurred.—Lady Morris, formerly of Werrington, was inoculated by the late Dr. Colwell, of Bodwin, and declared safe; but she afterwards caught the small-pox at Bath, and died of that disease.

I shall now make a few remarks on the publication which has done so much temporary mischief, but which, I am confident, will ultimately do great service to the cause of vaccination and humanity; it is scarcely necessary to say, that I mean the publication of Dr. Rowley.

The part I have taken in promoting vaccination, left no room to doubt that I must have incurred Dr. Rowley's resentment, and consequently, that in what he was about to write on the subject, I should be honoured with some share of his attention. But I little expected that he would have advanced what is not only untrue, but so improbable, that no person of common sense can believe it.

Of this kind is the story about Daniel Butler, whom I vaccinated

vaccinated at his own request, at a time when he thought he was not infected with the small-pox. Dr. Rowley says, that I vaccinated him, in order to render the small-pox lighter. This, from whatever quarter it originates, is a false assertion; but had I vaccinated him with that view, it is well known to every one who knows any thing of the subject, that I should have been justified by the example of the most eminent members of the medical profession.

In my Treatise on the Cow-pox, I noticed the expression of *insane projects*, and *poisonous experiments*, which occurred in Dr. Rowley's "Cogent Reasons." This expression appeared to be aimed at vaccination as well as caustic bougies; and I preferred the reasoning of Mr. Home and Mr. Blair to that of Dr. Rowley. This was an unpardonable offence, and has given rise to a keen retort in Dr. Rowley's present publication; he there calls the inoculation of this man for the cow-pox, a vaccinating insane project. The anti-vaccinists are like mad Tom, they think all the world mad; and all the world think them so.

But there is a charge of a more serious nature brought against me by Dr. Rowley, namely, that when this man came to me to shew the small-pox, which appeared about the sixth day, "he was violently hastened out of the house; but not before he fainted, and dropped down almost lifeless from fear." This also, from whatever quarter it originates, is a most base, malicious, and impudent falsehood.

Mrs. Butler, the widow of the person above mentioned, positively denies that she gave Dr. Rowley any such information. She states, that when I told him his complaint was the small-pox, he was much affected, and fainted away. In fact, he was much indisposed from the disorder itself; and I had no doubt but he supposed it to be the small-pox, because there was a very copious eruption, till he informed me, that he thought it the effect of vaccination.

In the second edition of his contemptible farrago, Dr. Rowley softens the charge, and says, that "he was violently hastened out of the house. Properly, lest he might have infected patients who came to be vaccinated." This, as far as it is intelligible, for we must not expect any thing very intelligible in the writings of Dr. Rowley, means, that it was proper to hasten a man who had the small-pox violently out of the house, lest he should infect other patients The truth is, that he was not hastened out of the house at all, but every attention was paid to him which his case required. Proper means were used to revive him, and he

remained

remained in the house as long as he thought proper. No one can suspect that a practitioner could conduct himself with the least inhumanity to an unoffending individual, who had just before placed confidence in him, but a man who is capable of such an outrage. No other patients were present whom he could infect; and we all know, that there is very little infection in the small-pox at its first appearance.

Two circumstances, it is since known, gave offence to Mrs. Butler. The first was, that I declined attending her husband in the small-pox. This I conceived it my indispensible duty to do, on account of the great number of engagements at that time on my hands, particularly as I was attending many children, who were not yet secured from that disorder. The other cause of offence was, the supposed aggravation of the small-pox in this case, by the cow-pock, a venial error in this poor woman, but not so in a medical man.

I had also attempted to vaccinate the child of this patient, but the practice was then in its infancy, and no infection took place. Hearing that the child had escaped the small-pox, though exposed to it during the whole illness of the father, I went to the house as soon as I thought there was no particular danger of bringing away infection and communicating it to others, and recommended that vaccination should be repeated. This Mrs. Butler declined, but she afterwards consented to it, in consequence of the persuasion of the gentleman who had attended Mr. Butler. When I called for this purpose, Mrs. Butler shewed no sort of resentment, which she certainly would have done, had I been guilty of any want of humanity to her husband.

Dr. Rowley says, this man was inoculated by me, when the small-pox was in the house. The truth is, the small-pox was in the house of the landlord; but this patient lived in a back house, where his widow still lives, at No. 42, Marybone-lane, and informed me, that he was in hopes he was not infected. Dr. Rowley tries to persuade his readers, that the experiment probably hastened the death of the patient. This is what he has taken great pains to inculcate, in order to prejudice the public against vaccination, and with some degree of success.

But when he reflects on the nature of this kind of success, he cannot be much elated; and when he reflects on the uncertainty of its continuance, he may think it prudent to act with a little moderation, and not pursue his triumphs too far. He himself tells us, in his present publication, that "the irresolute, superficial, and credulous public, who cannot be judges of medicine, frequently receive

ceive the violence of an enthusiast, or the *semblance* of reason, for *reason itself*; and rest perfectly satisfied with the jejune arguments issuing from fanaticism or profound artifice: but penetrating and reasoning minds perceive their fallacy, and resist their seductive power. *The artful erect the structure of their extraordinary success in life on a supposition, that the majority of mankind are absolute fools, credulous ideots, and easily seduced; particularly in every thing, concerning a science they cannot understand.*"

Here it is evident, from Dr. Rowley's own confession, that he is one of those persons, who entertain such a supposition. He is one of those, who think the public ignorant, credulous, and incapable of becoming judges in medicine. He is one of those, who think the majority of mankind "easily seduced." Hence "penetrating and reasoning minds" may, perhaps, be led to suspect, that Dr. Rowley has taken advantage of the weakness and credulity of the public, and "erected the structure of his extraordinary success in life" on that happy basis.

Dr. Rowley speaks with contempt of those branches of the healing art to which he once belonged. He is now, it is true, a Member of the University of Oxford, and a Licentiate of the Royal College of Physicians; he is author of many books, and of many hand-bills, which are stuck up against the walls in every stinking corner of the streets, in order to inform the public, that the Doctor continues to practice his *mild, experienced, safe, successful, certain, and infallible mode of inoculating for the small-pox,* as usual, at his house in Savile Row; and that he is perfectly well acquainted with the treatment of all the new beastly diseases occasioned by the cow-pox. But after this unintelligible jargon, no surgeon, apothecary, or man-midwife can despair of obtaining all the honors, and all the privileges of the medical profession.

In my Treatise on the Cow-pox, I long ago remarked, that the enemies of vaccination are a little unreasonable, in expecting that we should be able to refute false reports, as fast as they can invent them; I shall, however, select a few of those brought forward by Dr. Rowley, which deserve particular notice; and thus enable the public to form a general opinion of the whole.

The first which presents itself to our view, upon opening his book, is the *ox-faced boy.* This is a most *barefaced imposition.* The boy has tumours on his face, which disfigure him, as all tumours ever must do; but he is no more like an ox, than the man who compared him to that animal is like an ass.

His

His present complaint did not commence till long after vaccination; it is of a scrofulous nature, and is evidently hereditary. A younger child, who never was vaccinated, had the same affection in the groin a few months ago, after the natural small-pox; of which Dr. Rowley could scarcely be ignorant, since he was attended by the apothecary of the Marybone Infirmary, of which Dr. Rowley is physician.

The cause of this complaint is easily traced to the father of these children, which could not possibly escape the notice of Dr. Rowley, when he frequented the house. The moment I saw this man, and while he was telling me that he had never had any disorder of the kind, I discovered a large and deep scar under the lower jaw. I then inquired what occasioned it. He replied, that when he was about thirteen years old, he kept cows in Hampshire; and one day sat down on the grass when the ground was wet. In consequence of this, he had a number of large swellings all round his neck, one of which suppurated and broke, and did not heal for three years. This is one of the parents whom Dr. Rowley calls *healthful!*

The next object which presents itself in Dr. Rowley's publication, is the girl with cow-pox mange, &c.; but this shall be the subject of a future letter.

Ere I conclude, I beg leave to correct a false report, which has crept into a periodical publication; and if unanswered, may do mischief. It is in the Anti-Jacobin Review, where it is stated, that a case of the small-pox after the cow-pock occurred in the family of the Rev. Mr. Trollop, Master of Christ's Hospital. This is one of the many unfounded reports, which I long ago investigated. Three children of Mr. Trollop were inoculated for the small-pox; and Mr Trollop was informed, that the matter was taken from a child who had previously had the cow-pock. I have inquired into the case, and am assured by Mr. Ridout, the surgeon who attends the family, and by the parents of the child, that the report is totally destitute of foundation.

Mr. Ridout had inoculated three children in Little Britain for the cow-pock; but declared that the operation had proved ineffectual. The parents were of the same opinion; but, anxious to secure their children from the infection of the natural small-pox, they had them inoculated with variolous matter. This was the source from which the virus was procured for the children of Mr. Trollop.

Trollop.—Those who mean well, will, it is hoped, be a little more cautious in future, how they propagate such reports.

I am, &c.

New Street, Hanover Square. JOHN RING.

Botanical Description of British Plants.

[Continued from Vol. xiv. p. 541—546.]

16. POLYGONUM. *P. persicaria.*

Ang. Dead, or Spotted Arse-smart. Spotted Snakeweed.

Gen. Desc. As above.

Spec Desc. Stam. six ; caps. one-cell. Styles two, often cloven into three parts, and then the germen and seed three-square. *Leaves,* nearly smooth, bristled, at the last sp. *Flowers,* three or four together, in a fringed membraneous sheath, on short unequal fruit-stalks; rose-colour; segm. concave, unequal. *Ditches, waterside, cornfields.* BL. July, Sept.

Use. Its taste is slighlty acid and astringent. Woollen cloth dipped in a solution of alum, obtains from this plant a yellow colour. Horses, sheep and goats eat it; cows and swine refuse it.—*Withering.*

17 POLYGONUM. *P. bistorta-serpentaria. Bistorta major.*

Ang. Great Bistort, or Snakeweed. Easter-giant, *in the North of England.*

Gen. Desc. As above.

Spec. Desc. Stam. eight, pistils three, spike single, stem undivided. Leaves egg-shaped, *root-leaves* extended along the leaf-stalk, stem-leaves sheathing the stem. *Flowers* in a spike: common cal. of two valves; within each cal. two flowers, one on a fruit-stalk, the other sitting, surrounded by a proper cup, thin, skinny, cylindrical; mouth even, entire. *Bloss.* five-div. red. *Anthers* double. *Moist meadows.* BL. May, June.

Use. Every part of the plant possesses a considerable styptic power; and the root is esteemed to be one of the most powerful of the vegetable astringents. It was formerly considered to be *alexipharmic* and *sudorific,* but it is chiefly useful, on account of its styptic powers in hæmorrhages and other immoderate fluxes. It is observed by Dr. Cullen, both from its sensible qualities, from the colour it gives with green vitriol, and from the extracts it affords, to

to be one of the strongest of our vegetable astringents; and to be justly commended for every virtue that had been ascribed to any other: as such, he has frequently employed it in *intermittent fevers,* both by itself, and along with gentian; he has given to the quantity of 3 drs. in a day. *Mat. Med. ii.* 40. The dose of the root in substance is from a scruple to a drachm.—*Woodville.* In the North of England, where it is known by the name of Easter-giant, the young shoots and leaves are eaten in herb pudding; and about Manchester they are substituted for greens by the name of patience dock.—*Withering.*

18. POLYGONUM. *P. aviculare.*

Ang. Knot grass. Snake weed.

Gen. Desc. *As above.*

Spec. Desc. *Stam. eight. Pist. three. Spike single. Stem branched. Leaves,* some egg, some spear-shaped. *Flowers* axillary, two or three together; greenish without, white within, often tinged with pink. Cal. double, skinny; outer of five segm. incloses three florets, inner only the third floret, and sometimes a rudiment of the fourth. *Fruit-stalks* short, 2 longer. *Stem.* trailing, scored, thickest at the joints. *Road sides, paths, streets, corn fields.* BL. April, Sept.

Use. The seeds are useful for every purpose in which those of the next species are employed. Great numbers of small birds, especially sparrows, feed on them.—*Withering.*—The stubbles in Sweden are purpled over with this plant.—*Linn.*

19. POLYGONUM. *P. fagopyrum. Helsinecaule erecto, Erysinum vulgare.*

Ang. Buck-wheat. Snake-weed. Bucke. Branks. French wheat. Crap.

Gen Desc. *As Above.*

Spec. Desc. *Leaves* heart-arrow-shaped. *Stem* nearly upright, without prickles, angles of the seeds equal. *Bloss.* purplish white. *Spikes* shorter than the leaves. *In Corn fields.* BL. July August.

Use. The seeds furnish a nutritious meal, which is not apt to turn acid upon the stomach; it is made into cakes, in some parts of England, called *crumpits.* These seeds are an excellent food for poultry. The flowers afford good food for bees, and as they appear late in the summer, M. du Hamel, in his Observations on the management of Bees, advises the removal of the hives in autumn to a situation in the vicinity of this plant. Sheep that eat it become unhealthy. It is usual with farmers to sow a crop

of buck-wheat, and plow it under when fully grown, as a manure for the land. It is very impatient of cold, dying at the very first attack of frost. Cows, sheep, and goats eat it; horses and swine refuse it.—*Withering.*

20. POLYGONUM. *P. convolvulus. Tragopyrum scandens. Convolvulus minor.*

Ang. Black bind-weed. Climbing snake-weed.

Gen. Desc. As above.

Spec. Desc. Leaves heart or arrow-shaped; stem twining, angular. *Spikes* longer than the leaves. *Flowers* blunted, greenish. *Anthers* red. *Corn fields, hedges.* BL. June, Sept.

Use. The seeds are perfectly as good for use as those of the preceding species, but they are produced in greater quantity, and this plant bears cold better.—*Withering.* Cows and goats eat it; sheep, swine, and horses refuse it. *Linn.* A horse eat it.—*Sl.*

OCTANDRIA. TETRAGYNIA.

21. PARIS. *P. quadrifolia. Solanum quadrifolium facciferum.*

Ang. Herb Paris. True love. One-berry. Four-leaved true love.

Gen. Desc. Calyx four-leaved. Petals four, narrower. Berry four-celled.

Spec. Desc. Stem-leaves generally four, at the top of the stalk, eggs-haped, tapering, shining, from one to seven. *Stem* naked. *Root* fleshy. *Bloss.* pale green. *Cal.* with only three leaves. *Styles* purplish black. *Woods, shady places.* BL. May, June.

Use. The leaves and berries are said to partake of the properties of opium. The juice of the berries is useful in inflammations of the eyes. Linnæus says, that the roots will vomit as well as ipecacuanha, but must be given in double quantity.—*Withering.*

22. QUERCUS. *Q. robur. Q. vulgare. Q. latifolia.*

Ang. Oak.

Gen. Desc. M. and Fem. fl. on the same plant. Bloss. 0. M. cal. five cleft. Stem five to ten. F. cal. one leaf, very entire, rough. Styles two to five, nut egg-shaped, leather-like, of one seed, and, when ripe, of one cell.

Spec. Desc. Leaves on leaf-stalks, oblong, broadest toward the end, indentations rather acute, angles, blunt, deep green; frequently remain all winter. *Fruit* nearly sitting, *acorns* four to twelve together, egg-shaped, sometimes oblong, taper pointed. *Wood*, reddish, brittle. *Com*

mon

mon, but less so than the Quercus foemina, *of which the following is the*

Spec. Desc. Leaves oblong, on short leaf-stalks, blunt, wing cleft, with indentations, but not so deep or so irregular as the preceding, opposite deeper green, narrower towards the end. *Fruit* mostly solitary, on long fruit-stalks, or from one to three together. M. fl. *stam.* mostly 8; cal. six to eight-cleft, according to the number of stamens. Fem. fl. cal. tiled, about twenty leaves; *styles* mostly three, bent back, *wood* whitish, hard. The leaves, flower and fruit, later than the preceding. *Woods and hedges.* Bl. April.

Use. The following remarks apply equally to both these species. The bark is the part directed for medicinal use; (by the ancients various parts of the tree were used;) it manifests to the taste a strong astringency, accompanied with a moderate bitterness: its universal use and preference in tanning of leather is a proof of its great astringency, and, like other astringents, it has been recommended in *Agues,* and for restraining *hæmorrhagies, alvine fluxes,* and other immoderate evacuations. A decoction of it has likewise been advantageously employed as a gargle, and as a fomentation or lotion, in *procidentia recti et uteri.* Dr. Cullen has frequently used the decoction with success in slight tumefactions of the mucous membrane of the fauces, and in *prolapsus uvulæ* and *cynanche tonsillaris,* to which some are liable on the least exposure to cold: in many cases, this decoction, early applied, has served to prevent these disorders. Dr. C. however, constantly added a portion of alum, but he tried also a solution of alum alone, and " it did not prove so effectual." M. M. ii. 45. This bark has been supposed not less efficacious than that of cinchona; but this opinion now obtains little credit, though there be no doubt that oak bark may have the power of curing *intermittents.* Dr. Cullen " gave it in powder, half a drachm every two or three hours during the intermissions of a fever, and both by itself, and joined with camomile flowers, prevented the return of the paroxysms of intermittents.—*Cullen.* Galls, which are found upon the leaves of this tree, are the most powerful of the vegetable astringents, striking a deep black when mixed with a solution of ferrum vitriolatum, and therefore preferred to every other substance for making ink. As a medicine, they are to be considered as applicable to the same indications as the bark of this tree; and by possessing a greater degree of astringent and styptic

 power,

power, seem to be better suited to external use. Reduced to a fine powder and made into an ointment, they have been found of great service in *hæmorrhoidal* affections.—*Cullen*. Their efficacy in *intermittents* has also been tried, and in many cases they succeeded, but in many others they failed, which were afterwards cured by the Peruvian bark. *See Mem. de l'Acad.* des Sc. 1702.—*Woodville*. Oak saw-dust is the principal indigenous vegetable used in dying fustian: all the varieties of drabs and different shades of brown, are made with oak saw-dust, variously managed and compounded. The balls or oak-apples are likewise used in dying, as a substitute for galls. The *black* obtained from them by the addition of copperas, is more beautiful but less durable than that from galls. The bark is universally used to tan leather: an infusion of it, with a small quantity of copperas, is used by the common people to dye woollens of a *purplish blue*; the colour, though not bright, is durable. The wood is hard, tough, tolerably flexible, and does not easily splinter; it is therefore preferred to all other timber for ship building: it is well adapted to almost every purpose of the carpenter; but to enumerate all its uses would be superfluous and difficult. Horses, cows, sheep, and goats eat the leaves; swine and deer fatten on the acorns.—*Withering*.

23. Rhodiola. *R. rosea.*

Ang. Yellow rose-wort. Rose-root.

Gen. Desc. M. and Fem. fl. on different plants. Cal. four-div. M. bloss. four-petal. Fem. bloss. 0. Nectaries four. Caps. four, many-seeded.

Spec. Desc. *Stam.* six, eight, or twelve, longer than the blossom. *Stems* numerous, simple, four to ten inches high, cylindrical, smooth, hollow, leafy. *Leaves* numerous, egg and egg-spear-shaped, serrated above, at the base entire, fleshy, sea-green, sometimes tinged with purple. *Root* white. *Styles* short, pointing outwards, permanent. *Bloss.* terminating yellow. *Mountains, rocks.* Bl. June, July.

Use. The root has the fragrance of a rose, particularly when dried, but if cultivated in a garden it loses most of its sweetness.—*Withering*. The inhabitants of the Farro Islands use this plant as a remedy for the *scurvy*. A cataplasm of the fresh roots applied to the forehead, is said to relieve the head-ach, and to heal malignant ulcers. In Greenland this plant is eaten as garden stuff. A fragrant rose water is distilled from the root.—*Lightfoot*. Sheep and goats eat it; cows and swine refuse it.

Class IX. Enneandria.

Enneandria. Digynia.

1. Mercurialis. *M. perennis.*

Ang. Dog's Mercury.

Gen Desc. M. and F. fl. on different plants; bloss. 0. cal. 3 div. M. stamens nine to twelve. Anthers globular, double. F. caps. double, two-celled, one seed in each.

Spec Desc. *Stem* undivided; *leaves* rough. *Male spikes* longer than the leaves, *Fem. sp.* shorter. *M. flowers* in spikes, axillery. *Fem. fl.* on fruit-stalks, generally solitary. *Anthers,* two on each filam. *Flowers* yellow green. *Woods, hedges-banks.* Bl. Ap. May.

Use. This plant is of a soporific deleterious nature, noxious both to man and beast: it is sometimes eaten in mistake for chenopodium bonus-henricus, with fatal effects. In the Isle of Skye, it is said to be used sometimes, taken in infusion, in order to bring on *salivation:* " how it answers I know not, but the experiment seems dangerous." *Lightfoot.* This plant is noxious to sheep, and deleterious to man. Ray relates the case of a man, his wife, and three children, who experienced deleterious effects from eating it fried with bacon. In drying it turns blue, and steeped in water, affords a fine deep blue colour, but which unfortunately is destroyed by acids and alkalies, and not recoverable by any means yet found out. Sheep and goats eat it, horses and cows refuse it.—*Withering.*

2. Mercurialis. *M. annua.*

Ang. French Mercury. Annual Mercury.

Gen. Desc. *As above.*

Spec. Desc. *Stem* branching; *leaves* smooth; *flowers* in spikes; barren sp. shorter than the fertile; M. calx. smooth; F. cal. hairy. *Stam.* sometimes 16. *Waste-places and dunghills, about towns and villages.* Bl. Aug. Sept.

Use. The whole plant is mucilaginous, and was formerly much employed as an emollient, but is now disregarded. The seeds taste like those of hemp.—*Withering.* Tournefort says that the French make a syrup of the juice, of which 2 oz. is given for a purge, and that they use it in clysters and pessaries, mixing two thirds of honey, or 1 part to 1 ½ of the juice. In England it is out of use.—*Lightfoot.*

Class X. Decandria.

Decandria. Monogynia.

1. Arbutus. *A. unedo.*

Ang. Arbutus, Strawberry-tree.

Gen. Desc. Cal. five-div. bloss; egg-shaped, pellucid at the base; mouth five-cleft. Berry five celled, many seeded, superior.

Spec. Desc. *Stem* tree-like. *Leaves*, smooth, bluntly serrated, serratures coloured. *Panicle* terminating. Cal. segm. lapping over each other, coloured at the points. *Bloss.* White, a little hairy within. *Anthers* scarlet, double, opening at the base, with two yellow horns. Berries red, rough with tubercles formed by the seeds. *West of Ireland.* Bl. Sept.

Use. The fruit, though pleasing to the eye, is not grateful to the taste; the country people however in Ireland are said to eat it, but they always drink water after; it grows chiefly on barren rocks, about the Lake of Killarney, in the county of Kerry, where it arrives at a very large size. It is a beautiful ornament to our shrubberies on account both of the foliage, the flowers, and the fruit; the latter resembles a strawberry.

2. Arbutus. *A. alpania.*

Ang. Mountain Strawberry-tree.

Gen. Desc. *As above.*

Spec. Desc. *Stem* trailing. *Leaves* wrinkled, somewhat serrated, fringed. *Berries* black, globular, sitting a very small red cup. *Dry Heaths in Scotland.* Bl. May.

Use. The berries of this species of Arbutus, have something of the flavor of black currants, but they are not so good.— Goats refuse it.—*Withering.*

(To be continued.)

To the Editors of the Medical and Physical Journal.

Gentlemen,

I Beg leave to transmit you a statement of the scite and nature of the wound which produced the death of the exceedingly lamented and late illustrious hero, Lord Nelson; and request you will please to insert it in the next number of the Medical and Physical Journal; enclosed is likewise a drawing of the fatal ball, with its appendages, which were carried before it through the whole course it described. (*Vide Engraving.*)

I am, &c.

W. BEATTY, Surgeon.

H. M. S. Victory, Dec. 15, 1805.

About

The Ball which killed Lord Nelson.

About the middle of the action with the combined fleets on the 21st of October last, the late illustrious commander in chief, Lord Nelson, was mortally wounded in the left breast by a musquet-ball, supposed to be fired from the mizen-top of La Redoubtable, French ship of the line, which the Victory fell on board of early in the battle; his Lordship was in the act of turning on the quarter deck, with his face towards the enemy, when he received his wound; he instantly fell, and was carried to the cockpit, where he lived about two hours.

On his being brought below, he complained of acute pain about the sixth or seventh dorsal vertebra, of privation of sense and motion of the body and inferior extremities; his respiration short and difficult, pulse weak, small, and irregular; he frequently declared his back was shot through; that he felt every instant a gush of blood within his breast; and that he had sensations which indicated to him the approach of death. In the course of an hour his pulse became indistinct, and was gradually lost in the arm; his extremities and forehead became soon afterwards cold. He retained his wonted energy of mind and exercise of his faculties until the latest moment of his existence; and when victory, as signal as decisive, was announced to him, he expressed his pious acknowledgments thereof and heart-felt satisfaction at the glorious event in the most emphatic langugage; he then delivered his last orders with his usual precision, and in a few minutes afterwards expired without a struggle.

Course and Scite of the Ball, ascertained since Death.

The ball struck the fore part of his Lordship's epaulette, and entered the left shoulder immediately before the processus acromion scapulæ, which it slightly fractured; it then descended obliquely into the thorax, fracturing the second and third ribs; and after penetrating the left lobe of the lungs, and dividing in its passage a large branch of the pulmonary artery, it entered the left side of the spine between the sixth and seventh dorsal vertebræ, fractured the left transverse process of the sixth vertebra, wounded the medulla spinalis, and fracturing the right transverse process of the seventh vertebra, it made its way from the right side of the spine, directing its course through the muscles of the back, and lodged therein, about two inches below the inferior angle of the right scapula.

On removing the ball, a portion of the gold lace and pad of the epaulette, together with a small piece of his Lordship's coat, were found firmly attached to it.

CRITICAL

CRITICAL ANALYSIS

OF THE

RECENT PUBLICATIONS

ON THE

DIFFERENT BRANCHES OF PHYSIC, SURGERY, AND MEDICAL PHILOSOPHY.

A Medical and Experimental Enquiry into the Origin, Symptoms, and Cure of Constitutional Diseases, particularly Scrofula, Cancer, Consumption, and Gout. By WM. LAMBE, M. D. Fellow of the Royal College of Physicians, 8vo. 5s. 6d, 1805.

THERE is something in style which fascinates the mind: Where every period runs smooth, we follow, or rather attend, the author with so much rapidity and ease, that meeting with no difficulties we reach the end of our journey almost without enquiring whether we are pursuing the right road. To illustrate our meaning, we shall offer a few uninterrupted extracts from the work before us, and subjoin some very short remarks.

The work may be divided into three parts. The first, called Preliminary Observations, contains a vast variety of matter, offered to prove that water is the source of all our chronic diseases. The second part consists of some theories concerning the four diseases mentioned in the title page, to show the probability of their arising from the deleterious properties of water, with some cases under each head, proving the advantage of the regimen recommended by the author. In the third part we have several experiments to show that it is possible arsenic may be contained in most, if not all waters in different proportions, and that the introduction of this substance into the body produces gradually those symptoms which constitute the above mentioned and other chronic diseases.

After a few general remarks, that medical writers have been hasty in imputing all chronic diseases indiscriminately to the effects of civilization, our author proceeds:

" A little attention may convince us, that it is not man only whose frame has been injured by civilization. All the animals which have approached his habitations, or have been reduced under his dominion, have also partaken of his misfortune. The domestic fowl acquires a morbid delicacy, so that the greater part of the young frequently perish. The horse, as he seems to partake much of the disposition, and to possess many of the passions of his rider, has likewise the greater part of his diseases. Like him, he is subject to inflammations, fevers, consumption, tetanus, and other maladies, very nearly resembling those of the human subject. Here mental causes, to which we are apt to attribute so much in the generation of human infirmities, are necessarily excluded. Nor can even

even luxury be justly charged with these dreadful consequences, if taken in the sense in which we apply this term, to the diet and habits of mankind.

" Still we cannot but apprehend that the motions of material systems are principally dependent upon material forces, and therefore, that the principal agents in these wonderful phenomena, may be rendered the objects of our senses. If so, is it not possible to avoid them? Can the evils of social life be escaped only by renouncing its advantages and by returning to barbarism? This question is certainly the most important that can be proposed to human wisdom. I will not venture to assert, that it may be answered in the affirmative. But my senses and my understanding have utterly deceived me, if a very great improvement may not be made in the condition of man, and particularly in the treatment of some of the diseases, which have been hitherto the most intractable, by a greater attention to the composition of his diet, and especially by avoiding the application of deleterious and poisonous matter, daily introduced into the system, perhaps in many ways, but principally, and most abundantly, under the attractive and unsuspected form of WATER.

" Waters are divided, by chemical writers, into two great classes, the *oeconomical* and the *medicinal*. The former (it is with these only that we have any concern in this place) being such as are commonly applied to domestic purposes, have been supposed to contain nothing more than very minute quantities of well known salts. As these salts, when taken internally in moderate quantities, produce no bad effects on the body, they are deemed, and it would seem very properly, to be nearly inert and wholly inoffensive in the very diluted condition in which they are thus received. Such being the doctrine of chemists, the most eminent in their art, it is not at all surprising, that physicians have, in general, entertained little or no apprehensions from the indiscriminate use of the *oeconomical* waters; and that, whatever may be the suspicions of a few of the most judicious, their apprehensions have been too vague and too little supported by experiment, to have had any influence whatever upon the practice of the profession or the habits of the public.

" In the numerous experiments which I made on a great variety of common waters, with the view of determining whether, having been in contact with lead, they contained any of the metal in solution, I could not but perceive this general account of their contents to be very imperfect, and felt no small degree of astonishment at the negligence with which the subject had been treated. But though convinced that many waters possess metallic impregnations, which elude detection by the ordinary methods of examination, I felt only a vague apprehension, that this might render them not entirely salubrious: still less had I the smallest suspicion that any matter might be extracted from them of a deleterious nature. The following circumstance incited me to attempt a more full and laborious investigation of the properties of common water, which has

has convinced me, that it is to be reckoned amongst the substances which have the most direct and powerful influence on the animal economy, both in health and in disease.

"A lady was occasionally afflicted with very severe pains of the stomach, when she lived at a particular house, which had repeatedly left her upon changing her residence. Unable to account for this circumstance, she requested me to examine the water used by the family. It was well tasted, but it had been observed to make the teeth dark. I used the methods I have described in another place for the detection of metallic matter, but to no purpose. Not being able to divest myself of the suspicion, that some noxious substance must be contained in this water, I evaporated a small portion of it to dryness and tasted the residuum. Now I observed that, though it hardly impressed the tongue with any other taste than the bitterness of the deliquescent salts, there was a peculiarly disagreeable sense of constriction excited in the fauces, which remained there fixed for a long time. The impression was clearly metallic. Though my mind revolted at the suspicion, I thought I perceived a strong resemblance between this impression and that excited by arsenical salts. I washed out the deliquescent matter, and put the remainder, mixed with a little charcoal powder, between plates of copper, which I exposed to a red heat. The copper received a white stain by this process. A little arsenic was exposed to the same treatment between similar plates. No difference could be observed between these stains in each experiment, unless that the impression made by the residuum of the water, was the more distinct of the two. Thus was a great degree of probability added to the suspicions I had previously entertained.

"Amazed at a result, so strange and unexpected, a croud of reflections could not but rush upon my mind. What! is it possible that human beings can be daily swallowing the most virulent of poisons, without suspicion and almost without complaint? Those who have resided at this place have not been singularly unhealthy, and some have arrived at the ordinary period of old age. The fact then cannot be solitary. Is not this the very dæmon, which, for so many ages, has tortured mankind; and which, usurping the sensorium, has corrupted, under a thousand forms, both the mind and body? the evil spirit, which has augmented the wants of man, while it has diminished his enjoyments? which has exasperated the passions, inflamed the appetites, benumbed the senses, and enfeebled the understanding? which has converted his fine form into a storehouse of diseases, has blasted the flower of his offspring, and has brought even the strongest of his name to an untimely grave."

The following is extracted from the second part of the work:

"Under this form, we call the disease *Scrophula*; a form universally acknowledged as a common precursor and parent of pulmonary consumption. As puberty advances, the activity of the absorbent vessels diminishes with the utility which gave birth to it. We are now presented with an appearance demonstrating almost to the

the eye, that this disease is the consequence of excessive stimulation. Young people are observed to grow with extraordinary rapidity, and upon reaching their full stature, the pulmonary symptoms appear. In these cases, every body remarks that such subjects have overgrown their strength.

"At puberty this morbid activity becomes concentrated, as it were, to a point. All the organs have attained perfection, and all the actions are directed to the purposes of conservation. The morbid activity becomes confined to the excretory organs, of which the lungs is the principal. Through these is the stimulating matter perpetually eliminated; but being as constantly renewed, the viscus becomes injured by excessive action, and the vital powers sink under the perpetual irritation and constant exhaustion.

"If after a certain age, the system becomes less subject to consumption, it is because the excreting organs are less active, and the mobility of the system is greatly impaired. Under these circumstances, large parts of the system are apt to become torpid or paralytic. Therefore if, after the consumptive period, the vital powers begin to give way, the forms of disease incline to dropsical swellings, congestions in the bowels, *leucorrhœa*, hæmorrhoids, asthma, palsy, &c. The colour and countenance alter, inclining more and more to that which is termed melancholic. Thus, the consumptive systems must in some respects be deemed the most perfect, since they perish from the excess of their own actions. In the chronic diseases of more advanced periods, the powers themselves become impaired, and are in the end destroyed."

Some cases are added of various success, but sufficient, in our Author's opinion, to sanction his theory of the causes of these diseases.

Even Cancer, Dr. Lambe cannot help considering as deriving its origin from the same source as other constitutional diseases. Among other arguments the following passage contains a group of them condensed:

"It has fallen in my own way often to meet with cancer and consumption in different members of the same family. Cancer and gout are united, not uncommonly, in the same subject.

"Mr. Howard has insisted too on the affinity between cancer and leprosy. That between cancer and elephantiasis has been observed many ages ago by Galen. On the latter disease he has made a remark, which may be transferred to the former with strict justice, supposing this affinity to be real. He presumes the elephantiasis to be the joint effect of climate and diet. Hence, he observes, that it is common in Alexandria, but in Germany and Mysia it is rarely met with. Among the *milk-drinking* Scythians (γαλακτοπότας Σκύθαις) it is almost unknown. These Schytians lived in about the same latitudes as the Germans and Mysians, and therefore, the efficacy of their diet is the more striking."

Some cases are annexed to show the efficacy of distilled water in this disease, and also in gout, in which our author finds sufficient

authority

authority to support him in the theory that this disease arises from morbific matter. Of the nature of the matter his opinion is of course different from former writers.

"Whilst, therefore, I contend for the existence of a morbific matter in gout, I see no reason for supposing it to be at all peculiar to gouty subjects, or any other than the same septic poison, which I believe to lay the foundation of other constitutional diseases. And the relief received from the paroxysms I presume to be due, not to the inflammation of the feet, but to the changes induced by the process of fever."

These opinions, as in former instances, are illustrated with cases: and this part of the work concludes with some lively reflections, which it is impossible not to peruse without admiring the happy talent which our author possesses in writing.

The experimental part of the work consists of: 1st. An analysis of arsenicated manganese; 2d. Of the properties of the ashes of animal matter; and, 3dly, Of water. Our author does not pretend to have discovered arsenic in either animal matter or water. But he found so many of the same properties, or rather of the same phenomena, resulting from his experiments on them, and on arsenicated manganese, as to satisfy him of the existence of arsenic in those other substances.

Having given as candid an account as we can of this work; we are aware that most of our medical readers may be contented with those suggestions which have arisen in their own minds during the perusal of our extracts. But we wish them to be considered, as they really are, very imperfect, without a full view of the other numerous arguments and illustrations produced in the work. Having therefore perused the whole, we shall take the liberty to offer our opinion, which we do with some reluctance, because we cannot doubt the good intentions or industry of the author.

And, first, we cannot clearly understand if these diseases arise from the impurity of common water, why man in his more civilised state, or other animals as they become domesticated, should be more afflicted with them. Man, in his residence in this great town, is certainly not a water-drinker; and our author admits that the precipitation by fermentation somewhat improves, though it does not entirely destroy the bad properties of that fluid. As to the other animals, they fare for the most part better when under our care than in a state of nature, as we are careful to procure many of them the water which is found most agreeable to their digestive organs.

We give our author every credit for the sympathy with which he speaks of our common nature: "If, says he, the origin of the sufferings of mankind cannot be discovered in the operation of the matters which are applied to the human frame; it is to be feared that the condition of the race must be considered as utterly hopeless." Melancholy as this consideration may be, we are at a loss to know what remedy our author would propose; for if it is proved

ed, that not only water, but animal and consequently vegetable substances, contain essentially arsenical matter (page 257), and if this matter is the sceptic principle, the foundation of all these chronic diseases, as long as we eat and drink, we must submit to eat and drink arsenic. Nor can we easily understand how we are to escape by butter-milk and potatoes, which are recommended as the source of health and beauty, on the grave authority of Doctor Adam Smith. But we hope our condition is not quite so bad; even admitting that arsenic may be found so universally diffused, and admitting, what no one will deny, that arsenic is poison. It is asked, (p. 154) can that which is a poison in a state of concentration, be made innocent by dilution? For our own parts, we should answer, Yes. Nor do we recollect such a position being doubted till now.

We shall conclude with a few general remarks for our author's future consideration, should this work arrive at a second edition. We conceive too little regard has been paid to climate and too much to water. Though men live pretty much the same in most climates, yet scrofula is only known in the colder and more uncertain regions. Whatever analogy there may be between cancer and leprosy, it is certain that one of them is a disease of cold and the other of warm climates. The observation of Galen, which we have quoted above, refers much more to climate than diet. The climate of Egypt has always been famous for elephantiasis, though we have no reason to suppose that the diet has been materially different in Mysia and Germany, where the disease is rarely met with. The milk-drinking Scythians inhabited a still colder climate, and probably owe their exemption to that, more than to their diet. We are told indeed, that "these Scythians lived in *about* the same climate as the Germans and Mysians, the efficacy of their diet is therefore the more striking." We conceive that our author's qualifying *about*, is pretty equivalent to the difference of *rarely met with* in one instance, and *almost unknown* in the other.

After all, we must admit that the work before us shows extensive reading, great memory, much candour to those from whom the author differs, and is adorned with a style that would not disgrace the author of the sublime and beautiful.

Commentaries on the Treatment of Scirrhi and Cancers, from the earliest Period to the present, for the purpose of pointing out and establishing a specific for those Diseases on rational and scientific Principles. By William Thomas, *Member of the Royal College of Surgeons*, 8vo. pp. 47.

"Novelty, says our author, seems to be the great excitement in the present medical pursuits, and the hope of discovering new resources, more desirable than in those already known."

Feeble as these hopes have hitherto proved, we cannot encourage any thing that would lessen so laudable a pursuit. Mr. Thomas is of a different opinion, and though he admits that "no one will

will dare to detract from merit so happily engaged; yet the object, he adds, may probably be better promoted by gleanings from the old reapers, than by immediately treading the footsteps of the new." Alas, if it could be attained in either way, who would not rejoice at such a prospect? or who would differ about the road that might lead to such a discovery? But, to pursue the allusion. Are we to glean after those who acknowledge the produce of their harvest always proved unprofitable? or to follow the footsteps of such as confess themselves ever in the wrong?

"Such, however, continues our author, has been my opinion, and such has been my practice in forming the following pages; and *whatever novelty may be found in them*, has sprung from the deep and obsolete sources of antiquity fostered by reflection and confirmed by practice.

"Opinions strongly imbibed (as those of the author are supposed to be) are said to produce too sanguine and flattering conclusions. I hope my mind is protected from such flattering delusion, for I confidently believe the practice I have endeavoured to elucidate, will give to practitioners a resource in these deplorable cases, *which they have for too long a period been deprived of;* and that the unfortunate sufferers who daily shrink from the horrors of the knife, will chearfully yield to this practice, which, when under judicious and scientific management, will be directed to the happiest purposes."

What will our readers say, when they find they are to be deprived of these resources a little longer. Unkind Mr. Thomas! but, perhaps, there is a doubt, whether this "judicious and scientific management," so necessary for the success of this recondite practice, is sufficiently to be depended upon in the generality of us his readers. Should our author entertain such an opinion of his weaker brethren, it is further to be regretted, that all his grand discoveries are still withheld. This first part contains indeed some Latin quotations from Vogelius, Aëtius, and a few others, and also some remarks from the moderns. By these it appears, that all the unsuccessful attempts of the former have been renewed by the latter, and, as might have been expected, with similar consequences. There is, indeed, one little note, which contains an aphorism we do not remember to have seen delivered any where else with the same solemnity!

"Sleep, says our Author, seems to have been considered peculiarly necessary. Somnus perutilis est; itaque nisi naturæ sponte obrepat arte conciliandus." Is this among the "novelties sprung from the deep and obsolete sources of antiquity, fostered by reflection and confirmed by practice?" To be short, if Mr. Thomas has any thing to communicate, we sincerely encourage him in informing the world. If he only follows the example he so much commends in Justamond, he will do a service to science by showing the full power of popular remedies, or how little is to be expected from them. We therefore withhold all further remarks till we see his Second Part.

Inoculation

Inoculation for the Small-pox vindicated, and its superior Efficacy and Safety to the Practice of Vaccination clearly proved. By GEORGE LIPSCOMB, Surgeon. 8vo. pp. 44. London, 1805.

WE wish we could give some further account of the author of this *eloquent* little pamphlet; but he has not thought it necessary to favour us with any description of himself, excepting the general title of Surgeon. Whether of the London College, or attached to any charitable institution, we are entirely left in the dark. Three things however appear, before we enter on the performance. First, that the author found no other writer from whom he could select a motto so apt for his purpose as from himself; yet, on perusing the passage, it seems neither perfectly new nor indeed so recondite as to have been overlooked by others. However, it contains a certain truism, whatever may be the case with the work to which it is here prefixed. It assures us that error, printed in Roman characters, continues to be the same when printed in Italics,—not only the same, but unchanged in its nature and effects. We shall transcribe this pithy little motto.

" Error has been frequently sanctioned by the reputation of great names; but it still continues to be *error*, unchanged in its nature and effects by the most general reception which the world may have been induced to give it, in consequence of a too ready submission to the dogmas of authority."—*Lipscomb on Asthma.*

The next thing that met our eye was the author's gallantry in dedicating his work to a Lady. It is true, the Lady is dead; but this shows our author's disinterestedness.

The succeeding page informs us that Mr. Lipscomb is not only a great writer but also a great traveller. Besides the Treatise on Asthma and another medical work, he announces in due form his Tours to the South West and North of England, and South Wales!

The work itself begins with some remarks, not indeed entirely original, on the liberality of the age in attending to whatever is new in the improvement of Physic. After this, we are told of the perfect satisfaction Dr. Jenner and others expressed, when they found that such as had been vaccinated, could not receive the small-pox by inoculation, and also the ingenious suggestions of Mr. Laurence, " of the seeds of variolous infection being only smothered, or their activity suspended and not eradicated, by the *saturation*, as he termed it, of the juices with vaccine virus, and that after a certain time, and the cessation of such cause of suspension, some other cause might arise capable of exciting them into activity." If this long sentence about the *smothering of seeds*; about *suspending the activity of seeds*; about *eradicating seeds*; *the activity of seeds*, by *the saturation of the juices with vaccine virus, &c.*; if it means any thing, we suppose the intention is to show, that cow-pox might be only a temporary security against the variolous infection. If this is really the author's meaning, we wish, in the next edition,

he would give it us without that figurative language which he has invented or adopted.

After this our author states the question, as he conceives, with fairness, and in a manner he wishes every practitioner had confined himself to. We cannot however join in this wish, as we think there is more in the question than he proposes; for it is inconceivable how carefully this gentleman and all the other anti-vaccinists overlook the question concerning the diffusing of variolous infection by the practice of inoculation. But we shall give Mr. L's own words, for a reason which our readers will perceive at the conclusion of our quotation.

"Thus it appeared (says our author) that the grand question before the public, and now that universal attention had been excited to it, which was fairly at issue, was, Whether vaccination was an equally safe and certain, and in any degree a milder, preventive of the small-pox than variolous inoculation properly conducted?

"If practitioners had confined themselves to this simple question, much valuable time and great and laborious exertions might have been saved; but many, who dedicated themselves to this investigation, seem to have been more attentive to the *peculiar properties* of the new disease than to its *comparative merits;* many, in their enthusiastic approbation of the discovery, seem to have almost forgotten the practice to which vaccination was to be opposed, and employed themselves in panegyrising the benevolence and philanthropy of the discoverer, rather than in fairly appreciating the value of his suggestions. Many among those, who were eager to introduce vaccination, spoke of it in terms which referred to the ravages of the small-pox naturally; and overlooked the beneficial influence of inoculation, which, when judiciously performed, had been found *indeed* capable of disarming that terrific disease of its primeval horrors.

"It is but simple justice to Dr. Jenner to remark, that the Doctor stated, in the most unequivocal manner, that he thought "much precaution necessary in the progress of the enquiry." Mr. John Hunter excellently observed, on a different occasion, that no man was fit to make *any* experiment who had not made *many;* by which I understand him to have thought that those accounts of experiments which are given to us by persons not frequently accustomed to minute investigation and analysis, are seldom to be depended on. Whatever Dr. Jenner or Mr. Hunter *might think* or *may have said,* the experiments in vaccination have been, in many instances, conducted by strange agents. Country clergymen, farmers, and old women, have been made the instruments for ascertaining the consequences of this important revolution in medical science. I would not be misunderstood as intending to give offence to either of these classes when I say, that however respectable, useful, and necessary, they may be in their several stations, it is impossible that any of them should have been properly employed

on

on this occasion; and greatly as I venerate and admire the learning and the moral worth of the clergy, greatly as I esteem and regard the honest and beneficial industry of the farmer, I cannot help thinking that less mischief has been done by the third description of persons above alluded to, in the practice of vaccination, than by either of the other—because *they* have *never published on the subject*."

How much easier it is to give advice than to take it!

Observations on the Nature and Cure of Fevers and Diseases of the West and East Indies, and of America, with an Account of Dissections performed in these Climates, and general Remarks on Diseases of the Army. By THOMAS CLARK, Surgeon. Octavo. pp. 257. Edinburgh.

THIS work, though certainly entitled to our notice, has hitherto escaped it, probably from not being published in London, and from some omission in the manner of introducing it.

In the Preface the author informs us, that his intention in appearing before the public is not so much to extend the limits of science, or diffuse the knowledge of any thing extremely new in the theory or practice of medicine, as to vindicate his own character against an attack which has proved highly injurious to his health and fortune.

This subject certainly deserves attention, not only as it relates to Mr. Clark, but as it respects the arrangement of a branch of the army service, scarcely less important than tactics, and perhaps oftentimes even more so in the warmer climates.

" In 1798, when the author was at Colombo, in the island of Ceylon, in the East Indies, attending his duty as surgeon of the 19th Regiment of Foot, he received orders to write *Case-Books*, or a systematic detail of the whole symptoms, &c. of all the patients that should come under his care, and of the medicines administered to them. These orders were issued by the Physician and Inspector General of Hospitals at Ceylon, and Physician to his Majesty's Forces in India, and were addressed to all the surgeons in the service of Government in India, and of the East India Company in Ceylon.

" In these enervating climates, the European temperament soon becomes too relaxed to admit of unnecessary exertions. It uniformly happens also, that the medical officers appointed by Government, are barely adequate, in point of numbers, to fulfil the ordinary duties incumbent on them. Hence it happened, that not one of the Company's surgeons at Ceylon, and none of the King's surgeons in all India, obeyed the above orders, excepting only the author, for a time, and Mr. Christie of the 80th Regiment.

" At the date of the orders, the author's own health was in a very imperfect state. He arranged the duties of his office, however, in such a way as might enable his assistants to write the Case-Books

Case-Books required. They accordingly did so for one month; at the end of which period the books were transmitted to the Physician General.

"In a few days thereafter, that gentleman thought fit to transmit to the author a long and elaborate dissertation upon his Case-Books, in which he was pleased totally to reprobate the medical practice reported in them. He went even so far as to assert, that one of the patients must actually have been poisoned by the medicines he received; and he required, that the mode of practice should be entirely altered. Had not this dissertation unfortunately been lost, in consequence of the author's incapacity to attend to his affairs at the time he left India, it would have been annexed to this work.

"The author's assistants had all along considered the obligation to write the Case-books as an intolerable piece of drudgery, when added to their other duties, which they accounted abundantly severe; and they now resolved to cease to obey an order, which was disregarded with impunity by almost every surgeon in India. The author did not disapprove of their resolution, as he was satisfied that they had enough of other more pressing employment. The consequence, however, was, that in a few days, when the Physician-General visited their hospital, and found that no Case-Books were kept, he put the author under arrest, upon the charge of disobedience [illegible] orders.

"A trial by a Court Martial was of course expected to be brought on in seven days at farthest. When that period had nearly elapsed, and the author still continued under arrest, without any steps being taken to bring him to trial, he himself made application for that purpose to the Governor of the Island, the Honourable Frederic North; and in the mean time, he wrote, and transmitted to the Medical Board at Madras, an account of his mode of practice in his hospital, and likewise of his theoretical opinions.

"Still, however, he remained under arrest, and most unaccountably no trial was granted, though repeatedly requested and solicited, in every form, during more than three months. At the end of this period, his arrest was removed, but without any trial.

"The effect of being kept in this unhappy state of suspense, unfortunately was, that his health became greatly impaired, and by the time his arrest was removed, his friends found it necessary to provide for him a passage in one of the cinnamon ships, (The London, Capt. Lukin,) and to send him to England, to afford him some chance of recovery.

"Even on board this vessel, the same influence, which had already injured him so deeply, appears still to have pursued him, and soon rendered his situation so unpleasant, that when he arrived at St. Helena, he took a passage in an American ship, bound for Boston, being unable to procure one in any of the other homeward-bound Indiamen.

"In a short time after his arrival in this country, the author was

was under the necessity of either returning to India, which his health did not permit, and for which he had little inclination after the treatment he had there experienced, or of retiring upon what is called half-pay, as he was not permitted to dispose of his commission. The result of the whole has been, that, after having served His Majesty in all the quarters of the globe, at the great hazard of his life, and with much loss of health, he has been compelled to exchange a very lucrative appointment for the miserable allowance of two shillings a day."

We have thought it right to copy this statement as we find it. Whatever can throw light on the arrangement of the medical department should be brought before the public, and though, like all human institutions, some imperfections must ever remain, yet it is desirable that the service should be so far attended to, respecting the rank and situation of the faculty, as to induce the best, and the best informed men, to engage their whole time and thoughts in the duties of their profession.

The first chapter of the work contains remarks on the nature and cure of fever. In this are some very good practical hints, and to them we wish our author had confined himself. His theory is to us quite unsatisfactory; for which reason we shall pass it over, because it would not be fair to attempt refuting it without transcribing the whole.

The second chapter on diseases in warm climates is less exceptionable in these respects; that is, the theory is more incidental, and occupies less room, and the practical remarks are much more extensive.

In the third part the author begins to reduce his general remarks to particular diseases. Inflammation of the lungs occupies the first chapter; the symptoms of which, in warm climates, are well described: as to the remedy, hitherto, we believe even the various fashions of medicine has not produced any change of opinion.

The next chapter is on Dysentery. This also is replete with very useful practical observations. One of these we must not omit, as it appears not only entirely our author's, but replete with sound judgment, a proof of great attention to his duties, and, as he assures us, highly successful.

" Having, in violent cases, often found the remedies now described, or any others that I had tried, ineffectual, I at last had recourse to the use of emetic substances in the way of injection. I did not adopt these, however, till I had reflected very seriously, and reasoned very fully on the subject. The other remedies, already mentioned, except injections, were administered at the same time.

" From much experience, I do not hesitate to assert, that they have been, and I believe I may venture to say will be, found extremely beneficial in dysentery.

" It appears to me more than probable, that they will also

prove useful in cases of piles, or, in short, in all kinds of inflammation affecting the rectum and parts adjoining.

"When given early in the disease, they generally afford immediate relief, and sometimes one or two injections effect a cure. When they have not been used until the advanced stages, the patients experience more uneasiness from them, particularly on their being first thrown up; but if they can be prevailed upon to keep them for a minute or two, the uneasiness in a great measure ceases, and they often are able to retain them for a considerable length of time.

"The manner in which these injections operate, is for the most part as follows.

"In the incipient stages of the disease, even when attended with violent pain and tenesmus, and all the more violent symptoms of this complaint, immediate relief is almost constantly experienced from them: and they are commonly retained for a considerable length of time with little or no uneasiness. At length, an effort to go to stool comes on, and several copious natural evacuations, mixed with mucus, are procured; and in the more violent cases, several evacuations of slime, or mucus alone, or intermixed with blood, succeed to the natural stools, accompanied with little or no straining. After this, the patient commonly remains for a number of hours, without any symptoms of disease; and in some instances it does not return.

"Those injections do not appear to occasion vomiting, or even to increase the irritability of stomach, that may have previously existed. They probably assist in increasing perspiration. But from being in the constant practice of keeping up a copious perspiration, I cannot so well judge of this part of their operation. However, I do not believe that they operate very powerfully in that way; at least, in some cases I have found it impossible to produce a copious perspiration by ipecacuanha, both in the form of injection, and also at the same time given by the mouth, in considerable quantities. In such cases, I have very seldom found James's powder and laudanum, given in small and repeated doses, fail in producing the desired effect.

"The salutary effects of these injections appear to me to depend chiefly upon their exciting a copious secretion of mucus from the internal coat of the great guts, and thereby removing the inflammation affecting them.

"I have known a few ounces of this injection give immediate and permanent relief in several instances of very painful inflammatory affections, about the extremity of the rectum; a copious secretion of mucus, resembling the whites of eggs, being produced.

"I generally have given two, and sometimes three, in twenty-four hours. The best general rule, I believe, is to administer injections, whenever the more violent symptoms of dysentery return, or threaten to do so.

"Strangury, which frequently accompanies violent cases of dysentery,

sentery, will be found very seldom troublesome, when these injections are used; the reason why it is not so, must appear obvious to every one.

"The form of injection which I have found to answer best, has been about three drachms of ipecacuanha root, bruised, and boiled in a quart of water down to a pint, and given at once as a glyster.

"From ten to twenty grains of tartar-emetic, dissolved in a pint of warm water, will produce nearly similar effects.

"With regard to prognostics in this complaint, let it suffice to say, that it is always a dangerous disease, when accompanied with much fever. The more violent, and the more frequent, and more bloody, the evacuations are, the greater will be the danger. When cold sweat, hiccup, and a frequent feeble pulse take place, along with cessation of pain, and copious bloody stools, though perhaps less frequent than before, death may soon be expected; gangrene or mortification then undoubtedly having taken place.

"After the disease has continued a considerable time, and perhaps assumed more the appearance of diarrhœa than dysentery, and if, at the same time, the patient should be much reduced, things are to be looked upon as very unfavourable."

Part the fifth contains remarks on the liver complaint. It is very surprising, considering how frequently this complaint occurs in a country abounding with medical practitioners, who have more advantage in learning the diseases of the climate than any others of the world, that we should have so few accounts, and those accounts so unsatisfactory. The present contains many little facts we do not remember to have seen before, leading to practical inferences highly important; the theoretic reasoning with which it is interlarded might have been spared, for though it seems further to explain all the phænomena of the disease, we think this might have been done as well by a bare recital of facts. But though we approve every part of our author's descriptions, we cannot help fearing lest, as in most other cases, his theory, if it is erroneous, may lead to an erroneous practice. "May not, (we are asked) the salutary effects of mercury in liver complaint depend considerably on its producing a determination to the surface, and thereby diminishing the superabundant additional quantity of blood, and consequently enabling the biliary organs to perform their proper functions?"

It may be thought by some, that if we agree in the practical object of giving mercury, it is of very little consequence what our reasons may be for it. But this is far from the case. When Sydenham introduced his invaluable practice of exposing his patients to cold air during the eruptive stage of small-pox, he at the same time proposed a theory so directly contrary to his practice, that his warmest admirers in adopting the first lost sight of the last. Thus, if we should admit with our author that the whole advantage from the use of mercury is derived from the perspiration excited by it, we shall be apt to trust to other diaphoretic remedies, which,

as far as our present knowledge extends, have always proved unequal to the cure of this formidable disease.

In the next division of the work, our author appears as an army surgeon's mate in North America and the West Indies. We have a number of miscellaneous remarks on the diseases of both those climates. As Mr. Clark, during the greater part of this time, was acting partly under the directions of others, we have an account of the opinions of many well-known authors. This shows us the modesty of the writer, and his industry in acquiring knowledge from every source. But there seems to us a timidity in his practice, which may well be excused from the rank he then held. We conceive also, that his perpetual reference to diaphoretic remedies, argues a want of research which at present he would correct. When fevers, or acute diseases of any kind give way, perspiration usually follows. But that perspiration is the consequence, and not the cause, of the termination of the disease; accordingly, we frequently find it described as induced with more facility by the same remedies after bleeding than before it.

After this we find our author acting as regimental surgeon in Ireland, and meet with many useful practical remarks on the diseases of soldiers in Europe. This part closes with further illustrations of the theory of fever. In every part of our author's narrative we see, in a most lively manner, the disadvantages described by Dr. Jackson, as attending general hospitals, in comparison with attaching the sick to their own regiments.

The next part of the work is almost entirely practical, and abounds with useful cases and dissections. The scene of action is principally in the East Indies, and the voyage thither. We shall not transcribe any part of this section, because we wish such practitioners as are interested in the subject to peruse the whole.

At the end of the volume are a few observations on the army medical department, which, as they are short, pointed, and on a subject particularly important in the present state of the country, we shall transcribe without adding any comment.

" Having had occasion, in various parts of the preceding sheets, to make rather unpleasant remarks concerning the Military Medical Department, I shall shortly state what I consider to be the present condition of that truly important body of men, and then leave my readers to judge of the propriety or impropriety of my reflections thereon.

" This department consists of the following classes or orders of medical men.

" 1st. Medical Mates.—These are gentlemen who are supposed to be acquainted with the compounding of medicines, and, at the same time, are qualified to act as clerks to the others. However, I believe it now and then happens, that such gentlemen are occasionally intrusted with the sole care of sick. The impropriety, nay, even ———, of intrusting valuable lives to such unqualified characters, I think, must appear in a glaring light to every one.

" When

" When in the West Indies, I well recollect, that a young man belonging to Barbadoes, who was for some time employed as an assistant-surgeon in the general hospital there, wished to be appointed a regimental mate. An examination was deemed expedient; but, as the gentleman was completely ignorant of Anatomy, he was rejected. Before that period he had the charge of a very considerable number of brave soldiers.

" The garrison mate of Barbadoes, likewise, never had been out of the West Indies; so his opportunities of acquiring medical knowledge could not have been very great.

" 2d. Assistant Surgeons.—These are gentlemen, who have undergone an examination on surgery and pharmacy. From this class, regimental surgeons, staff surgeons, apothecaries, purveyors, and inspectors of hospitals, are generally derived. In short, with the exception of physicians, (and some of them are occasionally taken from this class) they may be considered as the effective body of the medical department.

" Every one knows that the chief duty of regimental, as well as assistant surgeons, is that of physicians; and unless in time of war, they seldom have occasion to perform capital operations. Is it not, therefore, highly improper to appoint those gentlemen to act as physicians, without having any proofs whatever of their being qualified for such a truly important office.

" The *next* class are physicians.—They, I believe, when they enter the service, are generally young, and possessed of what is commonly called interest. I imagine they, for the most part, look with a single eye towards the half-pay. If I may be allowed to judge from what I have seen, the duty of those gentlemen is in general very easy, as they almost always have assistants under them, who in fact frequently do the whole of the duty.

" *Lastly*, The Medical Board.—If my information is right, these gentlemen are qualified for their situations, abstractedly speaking, as medical men. But owing to their unacquaintance with the intimate nature of the service, from not having served themselves, regulations are made by them, which, in many respects, must be inconsistent with the good of the service.—I shall, therefore, beg leave to suggest some improvements upon the present Military Medical System.

" In the *first* place, I would propose, that no medical man should be admitted into the army, without having undergone strict examinations on *every department of Medicine*.

" 2dly. As men of the above description could not be procured, unless ample encouragement were given them, I would suggest the propriety of granting assistant-surgeons the rank and pay of captains; regimental surgeons that of field-officers, &c.; and that after twenty years service, they might be allowed to retire on *full pay* for life.

" 3dly. That promotion should go on according to seniority; and that the Medical Board should consist of a certain number of senior surgeons.

" Lastly,

"Lastly, With all due respect to the military and medical gentlemen of His Majesty's service, I would think it advisable that a system should be adopted relative to the management of hospitals, on the same principles with that existing on the Madras establishment.

"By the regulations of the Madras Medical Board, it is made the interest of regimental surgeons to preserve the lives as well as the health of the soldiers. A daily allowance is given for each man and officer in the regiment, sick or well, in order to provide bedding, attendants, &c.

"This plan has been productive of happy effects in India; it not only having been the means of saving many lives, but also of a very considerable sum of money annually.

"Such an innovation as now pointed out, at first sight may appear to be attended with additional expence. However, I am firmly of opinion, that the expence of paying the medical department would even be much less than it is at present, and the immense number of lives that would be preserved is incalculable. At present, young physicians, and people of a similar description, bear very heavy on the half-pay list. But if things were arranged in the manner I have suggested, this list would soon be reduced.

"I regret that the limited nature of the present undertaking does not admit of my entering at full length on this subject; so I shall stop, and resume it at some future period."

Such is the nature of this miscellaneous work, with which we have made very free, but which, we scruple not to say, abounds with more practical information than most medical books of the size; we however recommend it to be read, as indeed all medical books should be read, more to furnish hints and information, than absolutely to direct the practitioner; to assist his judgment, while he thinks for himself, however similar the cases may appear that come before him.

Report of Diseases in the public and private Practice of one of the Physicians of the Finsbury Dispensary, from the 20th of November to the 20th of December.

Catarrhus - - - -	23	Hysteria - - - - - -	3
Diarrhœa et Dysenteria	11	Hypochondriasis - -	8
Pneumonia - - - - -	1	Amenorrhœa et Chlorosis	9
Tussis et Dyspepsia -	8	Menorrhagia - - -	6
Phthisis - - - - - -	5	Asthenia - - - - - -	19
Rheumatismus - - -	7	Ophthalmia Syphilitica	1
Hydrothorax - - -	2	Ophthalmia Scrophulosa	1
Asthma - - - - - -	16	Hydrocephalus - - -	1
Anasarca - - - - - -	4	Tabes Mesenterica - -	9
Pneumatosis - - - -	1	Morbi cutanei - - -	17

Fashion,

Fashion, that destroying angel, has scarcely commenced her career of depredation amongst the dissipated inhabitants of this metropolis. This is so far fortunate, as during the rigors of mid-winter the habits and amusements of the higher classes, and of those who are ambitious of imitating them, would prove more especially injurious, and more extensively fatal in their operation.

In the fashionable world the harvest of disease is not as yet fully ripe; but the inferior and intermediate ranks still continue in this, as in the preceding month, to exhibit a more than ordinary profusion of catarrhal and other kindred affections.

To individuals of every order in the community it appears, at this season of the year particularly, suitable and important to suggest the expediency of avoiding the sudden application of the stimulus of artificial warmth, after the excitability has unduly accumulated in consequence of its temporary deprivation.

What is called catching a *cold*, ought to be called catching a *heat*; it is produced not by going out of a heated apartment into a frigid atmosphere, but out of the latter into the former. The best way, indeed, of guarding against the danger of a chilling medium is, immediately before exposure to its influence, to charge the body with a superabundant quantity of caloric.

The experiments and reasonings of Fordyce, Darwin, Currie,* Beddoes, and still more recently of Dr. Stock of Bristol, have co-operated to confirm, and fully establish this doctrine. But it was first suggested by the originality of that man, the impetus of whose powerful and ponderous mind turned at once into a new channel all medical practice and speculation.† Even Brown, however, had only the merit of laying the first stone of a still unfinished edifice. He drew a rude and inaccurate outline, which has since, by other hands, to a certain degree, been corrected and

---

* To mention the name of Currie, is scarcely possible, without expressing a deep regret that the name *alone* remains of one who possessed all the brilliancy and all the ardour of genius; who, with professional acquisitions and talents the most eminent and practical, united an elegance of taste and a degree of classical erudition, which made him, if not quite, nearly the finest writer of his age.

† "The philosophy of Brown, which is the *philosophy of organized nature*, was produced in Scotland, and has been cultivated and improved in Germany. It is despised in France, where it is still *imperfectly known*."

Villers on the Reformation.

and filled up. But for probably a long succession of future intellects is it left to accomplish and complete the moral and physical philosophy of the human frame.

J. REID.

Grenville Street, Brunswick Square.

MEDICAL AND PHYSICAL INTELLIGENCE.

[FOREIGN AND DOMESTIC.]

DR. GIRDLESTONE'S ADDRESS TO THE INHABITANTS OF YARMOUTH.

IF the prejudices against VACCINATION cannot be overcome in a few words, it is not likely that the greatest part of the Inhabitants of a Town can be convinced by any long production.

Let us examine the FOUR ARGUMENTS which are too often used against this inoculation, viz.

1st. *That it is a preventive of the small pox for only a few years.*

2d. *That the Vaccine preventive is taken from a beast.*

3d. *That to inoculate is taking the work out of the hands of the Almighty.*

4th. *That Children can never die better than young.*

THE FIRST ARGUMENT, *that the Vaccine Pox is a preventive for only a few years,* was answered by Dr. Jenner's first publication, where the names are given of persons who had been inoculated with Small Pox matter thirty and more years after they had had the Cow Pox, and could not receive the Small Pox: And all the experiments which have been since made, prove that the Cow Pox is a preventive for ever from the fatality of the Small Pox.

THE SECOND ARGUMENT, *that the Vaccine preventive is taken from a beast.* The prevention of starving is often taken from the same animal. No person objects to butter, cheese, milk, or beef, on account of the diseases incident to the Cow, which are commonly much simpler than those of the human race.

THE THIRD ARGUMENT. *That to inoculate is taking the work out of the hands of the Almighty.* I shall wave the questions which might grow out of this argument, as why good and evil are mixed in our present state of probation, or the discussion of the hacknied question about liberty and necessity; and only ask, whether the most RIGID NECESSITARIAN can acquit his conscience in permitting his Child to burn to death, or to fall into scalding

scalding water, or to be run over by a Horse, or bitten by a Dog, if he had it in his power to prevent such misfortunes? and whether it is not equally his duty, if he knows the means, to protect his offspring from the fatality of diseases as from any other calamity.

THE FOURTH ARGUMENT, *that a Child can never die better than young*, may lead to a great neglect of duty: and is at best but a short sighted selfishness: for it is impossible for any Parent to tell which Child might become the comfort and support of his old age, or the Protector of the rest of his Children, Relatives, or Friends.

In recommending VACCINATION to the consideration of the Inhabitants, I can have no interest but the preservation of the Eyes, Limbs, and Lives of their offspring, for there is no disease which oftener induces the Scrofula and loss of Sight than the Small Pox, whether it takes place by the natural or the artificial means.

The long desired measure of restricting the Medical Profession to the hands of none but well-instructed practitioners in the country as well as in London, is at length about to be carried into effect. The provisions, as far as they concern regulars, are intended to be PROSPECTIVE, and consequently will not operate upon the present generation; but as these die away or retire, their situations will be occupied by persons of suitable and competent education. Plans of the same kind have lately been introduced into Divinity and the Law, and no good reason can be assigned for not extending the principle to Medicine, which has already done so much good in the sister-professions.—The plan has already obtained the countenance and support of many of the most respectable physicians and surgeons of the metropolis, and we anticipate a speedy and zealous co-operation of the faculty in all parts of the kingdom, in support of a measure which is eminently calculated to increase the credit of the profession, and to make its followers infinitely more useful to the community.

A disease of a very extraordinary nature has appeared among the labourers in a coal-mine at Anzain, near Valenciennes, the cause of which appears to be confined to a single shaft in that mine. The face and the whole body assume a very dark yellow colour, and the patient falls into a state of languor and exhaustion, in which he lingers several months, sometimes more than a year, when death generally supervenes. Four men, who had been thus affected more than eight months, were removed to the hospital of the School of Medicine at Paris. The characteristic symptoms they exhibited were, an universal discolouration, swelling, inability to walk without oppression, palpitations, and habitual perspiration. One of these poor men fell a victim to the malady. M. Halle, on opening his body, was particularly struck with the absence of blood in almost every part; and this he justly considers

as

as one of the most remarkable circumstances of the disease. The mode of treatment adopted with respect to the other, after this discovery, was more successful. The first indication of this favourable change appeared in the projection of the blood vessels. At the period when M. Hallé drew up the above statement, the three labourers had almost entirely recovered, and their skin had resumed nearly its natural colour.

The following is a method of preparing a luminous bottle, which will give sufficient light during the night to admit of the hour being easily seen on the dial of a watch: — A phial of clear white glass, of a long form, should be chosen, and some fine olive oil should be heated to ebullition in another vessel. A bit of phosphorus, the size of a pea, should be thrown into the phial, and the boiling oil carefully poured over it, till the phial is one-third filled.—The phial must now be carefully corked, and when it is to be used, it should be unstopped, to admit the external air, and closed again. The empty space of the phial will then appear luminous, and give as much light as a dull ordinary lamp.—Each time that the light disappears, on removing the stopper it will instantly reappear. In cold weather the bottle should be warmed in the hands before the stopper is removed. A phial thus prepared may be used every night for six months.

Mr. Francis Pachiani, professor of natural philosophy at Florence, has discovered the constituent principles of muriatic acid, which had hitherto escaped the researches of every chemist. It is an oxyd of hydrogen, perhaps at its lowest degree of oxygenation. He forms it at pleasure, and consequently the accuracy of his statement cannot be doubted.

The Spring Courses of Lectures at the London Hospital.

Practice of Physic, by Dr. Cooke.
Chemistry, by Dr. Hamilton and Dr. Yelloly.
Theory of Medicine and Materia Medica, by Dr. Frampton.
Theory and Practice of Midwifery, by Dr. Dennison.
Anatomy, Physiology, and the Principles and Operations of Surgery, by Mr. Headington and Mr. Frampton.
Anatomical Demonstrations and Dissection, by Mr. Armiger.
Surgery, by Mr. Headington.
Chemical Observations on Surgical Cases, by Sir William Blizard and Mr. T. Blizard.

Particulars may be known by applying to Mr. Price, Apothecary at the Hospital.

Medical Theatre, St. Bartholomew's Hospital.

The Spring Courses of Lectures will begin at this Theatre on Tuesday, January the 21st. On the Theory and Practice of Medicine, by Dr. Roberts and Dr. Powell. — On Anatomy and Physiology,

siology, by Mr. Abernethy.—On the Theory and Practice of Surgery, by Mr. Abernethy. — On Comparative Anatomy and the Laws of organic Existence, by Mr. Macartney. — On Chemistry, by Dr. Edwards.— On Midwifery and the Diseases of Women and Children, by Dr. Thynne. —The Anatomical Demonstrations and Practical Anatomy, by Mr. Lawrence. Further particulars may be learned by applying to Mr. Nicholson, at the Apothecary's Shop, St. Bartholomew's Hospital.

The Croonian Lecture for the present season has been read at two of the meetings of the Royal Society by Mr. CARLISLE. The subject was, "The Power and particular Structure of the Muscles of Fishes." After several minute physiological explanations of the nature and peculiar structure of the muscles of fishes, and their invariable insertion in fleshy instead of tendinous matter, he proceeded to detail his experience on their power and particular use, in enabling the animal to move with rapidity through a fluid so dense as water. He ascertained that the muscles of the sides are solely those by means of which the fish advances: that the pectoral and abdominal fins serve only to raise or lower, and balance it in the water.

Dr. BADHAM's Spring Course of Lectures on Medicine and Chemistry, will be commenced on Thursday Morning the 24th of January, at eight o'clock, and will be continued at the usual hours. A Third Course will be given in the Summer, and will commence about the end of May. A Prospectus may be had.

Mr. BROOKES's Spring Course of Lectures, on Anatomy, Physiology, and Surgery, will commence on Monday, the 20th of January, at two o'clock in the afternoon, at the Theatre of Anatomy, Blenheim-street, Great Marlborough-street,

---

Dr. CLARKE's Lectures on Midwifry, and the Diseases of Women and Children, will in future be read only at the house of Mr. Clarke, No. 10, Upper John-street, Golden-square. A Course will begin on Thursday, January 23, and the lectures will be continued every day for the convenience of students attending the hospitals. For farther particulars enquire of Dr. Clarke, No. 1, New Burlington-street, or of Mr. Clarke, No. 10, Upper John-street, Golden-square.

Mr. CHEVALIER will commence his next Course of Lectures on the Principles and Operations of Surgery, on Wednesday the 29th of January, at seven o'clock in the evening, at his house in South Audley-street, Grosvenor-square.

Mr. MACARTNEY is about to deliver a Course of Lectures at the Medical Theatre, St. Bartholomew's Hospital, on Comparative Anatomy and the Laws of Organic Existence.

On Monday, January 13, the Course of Lectures on the Principles and Practice of Surgery, will be recommenced by Mr. JOHN PEARSON, Senior Surgeon of the Lock Hospital, and Asylum, and of the Public Dispensary.

Dr. REID's Spring Course of Lectures, on the Theory and Practice of Medicine, will commence on the 25th of January. Particulars may be learned by applying at Dr. Reid's house, Grenville-street, Brunswick-square; or at the Finsbury Dispensary, St. John's-square, Clerkenwell.

Mr. JOHN TAUNTON, Surgeon to the City and Finsbury Dispensary, &c. will commence his Spring Course of Lectures on Anatomy, Physiology, and Surgery, on the 18th of January, at his Theatre in Grenville-street.

Dr. TROTTER, of Newcastle, has just published "PROPOSAL FOR DESTROYING THE FIRE AND CHOAK DAMPS OF COAL MINES;" occasioned by some dreadful accidents that have lately happened in that neighbourhood. The subject has attracted a considerable share of public attention in the district; but we are sorry to learn, that some unworthy attempts have been tried to defeat the benevolent intentions of the active philosopher.

Dr. JOHN REID's Treatise on the Origin, Progress, Prevention, and Treatment of Consumption, will be ready for publication in a few days. In the construction of his work, Dr. R. has attempted to adapt it not to professional readers merely, but likewise to general perusal. He has endeavoured, in a particular manner, to illustrate the importance of early and carefully discriminating between the characters of true pulmonary affection and those disorders which often assume a fictitious resemblance of genuine phthisis.

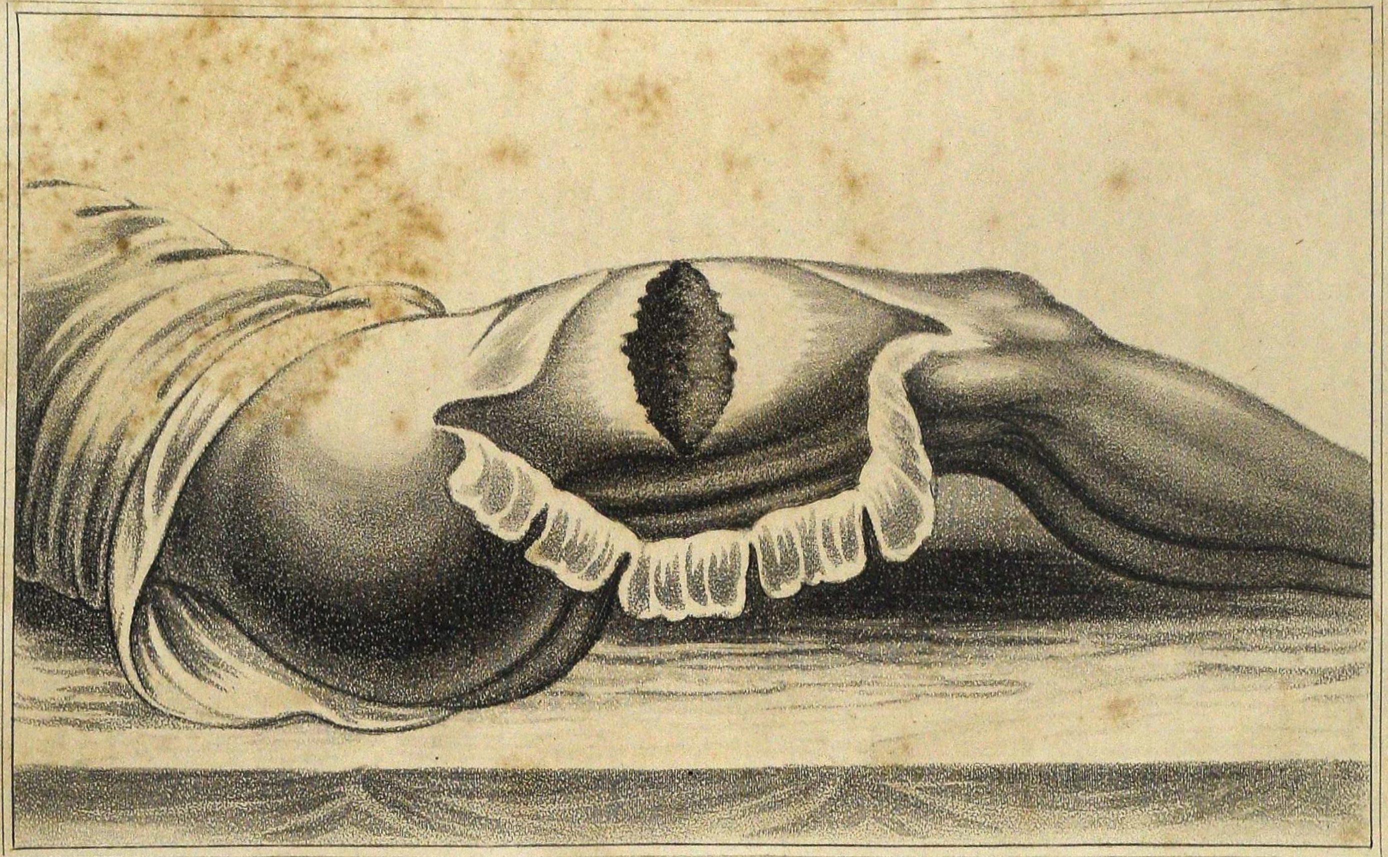
In the course of next month will be published, the second volume of Mr. Fox's Work upon the Teeth, containing the History and Treatment of the Diseases of the Teeth, the Gums, and the alveolar processes, the operations which they require, and observations on other diseases of the mouth.

Dr. RUSH, of America, is arranging a complete edition of his medical works, which will be comprized in three vols. octavo.

Dr. HUTCHINSON, of Philadelphia, is writing a Treatise on Ulcers, particularly those of the lower extremities.

TO CORRESPONDENTS.

Communications are received from Dr. Patterson, Dr. Wood, and Mr. Thelwall.



Mr. Shearly's Case of Gun-Shot Wound.

P. 97.